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ABSTRACT

In the past decade, there has been a sharp increase in awareness of how interventions that address multiple risk factors and target both children and their families can help ensure that children grow up healthy and able to learn. In 1995, the National Center for Children in Poverty (NCCP) undertook a project to "map" state initiatives for young children and families and to develop a framework to "track" changes in initiatives over time. This report, the first of a planned biennial series, describes the project's findings on these special, state-initiated, comprehensive program and cross-system planning efforts. The report's executive summary highlights findings indicating that three-quarters of states are supporting one or more state-funded, comprehensive program strategies, but relatively few have developed comprehensive initiatives; much more typical are parallel program and planning efforts without a clear vision or goals. Following the executive summary, chapter 1 of the report presents an overview of the framework that guided the way data were gathered and organized. Chapter 2 highlights the findings from a national perspective, synthesizing the information provided by the states and discussing some of the key lessons and implications. States' activities are illustrated in boxed text throughout the first two chapters. Chapter 3 presents detailed profiles of each state. Appendices include backup charts and maps and a list of state contacts for the programs described. Contains 86 references. (BGC)

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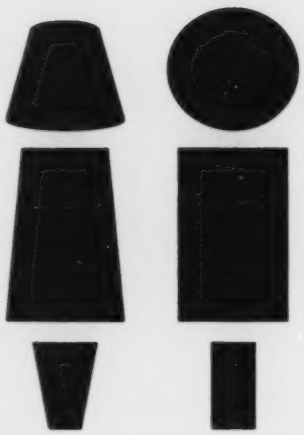
MAP AND TRACK:
STATE INITIATIVES FOR YOUNG CHILDREN AND FAMILIES



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Map and Track:
State Initiatives for Young Children and Families

Jane Knitzer and Stephen Page

National Center for Children in Poverty
Columbia University School of Public Health

THE NATIONAL CENTER FOR CHILDREN IN POVERTY was established in 1989 at the School of Public Health, Columbia University, with core support from the Ford Foundation and the Carnegie Corporation of New York. The Center's mission is to identify and promote strategies that reduce the number of young children living in poverty in the United States, and that improve the life chances of the millions of children under six who are growing up poor.

The Center:

- Alerts the public to demographic statistics about child poverty and to the scientific research on the serious impact of poverty on young children, their families, and their communities.
- Designs and conducts field-based studies to identify programs, policies, and practices that work best for young children and their families living in poverty.
- Disseminates information about early childhood care and education, child health, and family and community support to government officials, private organizations, and child advocates, and provides a state and local perspective on relevant national issues.
- Brings together public and private groups to assess the efficacy of current and potential strategies to lower the young child poverty rate and to improve the well-being of young children in poverty, their families, and their communities.
- Challenges policymakers and opinion leaders to help ameliorate the adverse consequences of poverty on young children.

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Our aim is ... to make an unprecedented commitment to the one priority that I believe ranks above all others—the health and education of our children. Most Ohioans have had enough welfare—enough poverty—enough drugs—enough crimes. Most would love to see that debilitating cycle broken, and the people trapped within it, freed—once and for all. So would I.

The only way to do it is to pick one generation of children—draw a line in the sand—and say to all: This is where it stops.

Governor George V. Voinovich, 1995
State of Ohio

The questions we must answer are these: Can we fill a child's mind and a child's soul as well as we can fill a pothole or a prison cell? Can we educate a promising young person as effectively as we can incarcerate a threatening one? How we answer these questions is the true measure of our reach as a people. I am convinced that how we answer will set the course for our future.

Governor Roy Romer, 1995
State of Colorado

ACKNOWLEDGEMENTS

This report has benefitted greatly from the informal and formal comments of our colleagues. In particular, we wish to thank Ellen Galinsky and Nina Sazar O'Donnell of the Families and Work Institute, who are collaborators with us in a larger project of which this is a part, Linda McCart of the National Governors' Association, Louise Stoney, Andrea Genser, and William Shepardson, for reviews of the initial drafts, and Robert Fulton, Michael Levine, Judith Jones, and Louise Stoney for reviews of subsequent drafts. The National Center for Children in Poverty (NCCP) Council of Advisors also provided helpful comments as we began. Special thanks also to the Danforth Foundation for supporting this project, and to the Carnegie Corporation for additional funding. To Julian Palmer, Liz Siecke, Telly Valdellon, Carole Oshinsky, Laura Stout, and the other dedicated people at NCCP, who did much of the hard work necessary to publish *Map and Track*, a very special kind of appreciation. Mostly, however, our gratitude goes to the many public officials who care deeply about programs for children and families, who often went to great lengths to provide us with helpful information, and who encouraged us to provide this overview so that they and others could use it in the coming days on behalf of young children and their families.

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ERRATA
CORRECTIONS TO MEDICAID ELIGIBILITY FIGURES

To Readers of *Map and Track: State Initiatives for Young Children and Families*

Please note the enclosed corrections regarding Medicaid eligibility levels as of fall 1995.

State-by-State Summaries of Initiatives, Investments, and Risk Indicators (pages 51–101): The Medicaid eligibility levels for children that are included in the State Summaries refer to children from ages birth to one, not ages birth to six. The footnote was omitted.

Three of the State Summaries include incorrect eligibility levels for children ages birth to one. The correct eligibility levels are:

- California 200%, not 250%;
- Vermont 225%, not 200/225%; and
- Washington 200%, not 185%.

Appendix B, Table 2 (page 144): The first column lists Medicaid eligibility levels for children ages birth to one, not for all young children. See attached.

Appendix D, Table 9 (page 156): The column for eligibility levels for children ages one to six was omitted. See attached.

Appendix D, Map 5 (page 157) reflects Medicaid eligibility levels for children from ages birth to one and indicates states with Medicaid eligibility for children from ages one to six with incomes at or greater than 133% of poverty.

The errors are NCCP's. We apologize.

The original (and correct) data were prepared by the Center on Budget and Policy Priorities.

NATIONAL CENTER FOR CHILDREN IN POVERTY

APPENDIX B

TABLE 2: INDICATORS OF STATE INVESTMENTS IN YOUNG CHILDREN

State	Medicaid Eligibility Level (%) (0–1)	Supplemental Children's Health Insurance	Child Care Center Staff Training Requirements	Family Child Care Training Requirements	Preschool Teaching Certificate	State-Funded Prekindergarten Program	State Supplemental Funds for Head Start	Maximum Use of Federal IV-A Child Care Funds
Alabama	133	—	✓	✓	—	—	—	✓
Alaska	133	—	✓	✓	—	—	✓	✓
Arizona	140	—	✓	—	D	✓	—	✓
Arkansas	133	—	✓	—	—	✓	—	—
California	200	✓	✓	—	✓	✓	—	—
Colorado	133	✓	✓	✓	✓	✓	—	✓
Connecticut	185	✓	✓	—	✓	—	✓	✓
Delaware	185	—	✓	✓	✓	—	—	✓
District of Columbia	185	—	✓	—	✓	✓	✓	✓
Florida	185	✓	✓	✓	✓	✓	✓	✓
Georgia	185	—	✓	✓	✓	✓	—	—
Hawaii	185	✓	✓	✓	—	—	✓	—
Idaho	133	—	✓	—	—	—	—	—
Illinois	133	—	✓	—	—	✓	✓	✓
Indiana	150	—	✓	—	✓	—	—	—
Iowa	185	—	✓	—	✓	✓	—	✓
Kansas	150	—	✓	—	✓	—	—	—
Kentucky	185	—	✓	—	—	✓	—	✓
Louisiana	133	—	✓	—	✓	✓	—	—
Maine	185	—	✓	—	—	✓	✓	—
Maryland	185	✓	✓	✓	—	✓	—	✓
Massachusetts	185	✓	✓	✓	—	✓	✓	✓
Michigan	185	✓	—	—	✓	✓	—	—
Minnesota	275	✓	✓	✓	✓	✓	✓	✓
Mississippi	185	—	✓	—	—	—	—	—
Missouri	185	—	✓	✓	—	—	—	✓
Montana	133	—	✓	—	—	—	—	—
Nebraska	133	—	✓	—	—	—	—	✓
Nevada	133	—	✓	✓	—	—	—	✓
New Hampshire	185	✓	—	—	—	—	✓	✓
New Jersey	185	✓	✓	—	—	✓	—	✓
New Mexico	185	✓	✓	✓	✓	✓	—	✓
New York	185	✓	✓	✓	—	✓	—	✓
North Carolina	185	—	✓	—	✓	—	—	✓
North Dakota	133	—	✓	✓	—	—	—	—
Ohio	133	—	✓	—	✓	✓	✓	✓
Oklahoma	150	—	✓	—	✓	✓	—	✓
Oregon	133	—	✓	—	—	✓	—	✓
Pennsylvania	185	✓	✓	—	—	—	—	✓
Rhode Island	250	—	✓	✓	✓	✓	✓	✓
South Carolina	185	—	✓	—	—	✓	—	✓
South Dakota	133	—	✓	—	—	—	—	—
Tennessee	185	✓	✓	✓	✓	—	—	—
Texas	185	—	✓	✓	✓	✓	—	—
Utah	133	—	✓	✓	D	—	—	—
Vermont	225	✓	✓	✓	—	✓	—	✓
Virginia	133	—	✓	—	—	✓	—	✓
Washington	200	✓	✓	—	—	✓	✓	✓
West Virginia	150	✓	✓	—	✓	✓	—	—
Wisconsin	155	✓	✓	✓	—	—	✓	✓
Wyoming	133	—	✓	✓	D	—	—	—

Note:
D For children with disabilities only

Source: National Center for Children in Poverty (compiled from other sources—see Appendix D).

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APPENDIX D

INDICATORS OF STATE INVESTMENT IN YOUNG CHILDREN
TABLE 9: CHILD HEALTH, 1995, BY STATE

State	Medicaid Eligibility Levels for Children Under Six as % of Federal Poverty Level	
	Ages 0–1	Ages 1–6
Alabama	133	133
Alaska	133	133
Arizona	140	133
Arkansas	133	133
California*	200	133
Colorado*	133	133
Connecticut*	185	185
Delaware	185	133
District of Columbia	185	133
Florida*	185	133
Georgia	185	133
Hawaii*	185	133
Idaho	133	133
Illinois	133	133
Indiana	150	133
Iowa	185	133
Kansas	150	133
Kentucky	185	133
Louisiana	133	133
Maine	185	133
Maryland*	185	133
Massachusetts*	185	133
Michigan*	185	150
Minnesota*	275	133
Mississippi	185	133
Missouri	185	133
Montana	133	133
Nebraska	133	133
Nevada	133	133
New Hampshire*	185	185
New Jersey*	185	133
New Mexico*	185	185
New York*	185	133
North Carolina	185	133
North Dakota	133	133
Ohio	133	133
Oklahoma	150	133
Oregon	133	133
Pennsylvania*	185	133
Rhode Island	250	250
South Carolina	185	133
South Dakota	133	133
Tennessee*	185	133
Texas	185	133
Utah	133	133
Vermont*	225	225
Virginia	133	133
Washington*	200	200
West Virginia*	150	133
Wisconsin*	155	155
Wyoming	133	133

* States that offer supplemental health insurance for young children

Source: National Center for Children in Poverty. Based on data from the Center on Budget and Policy Priorities.

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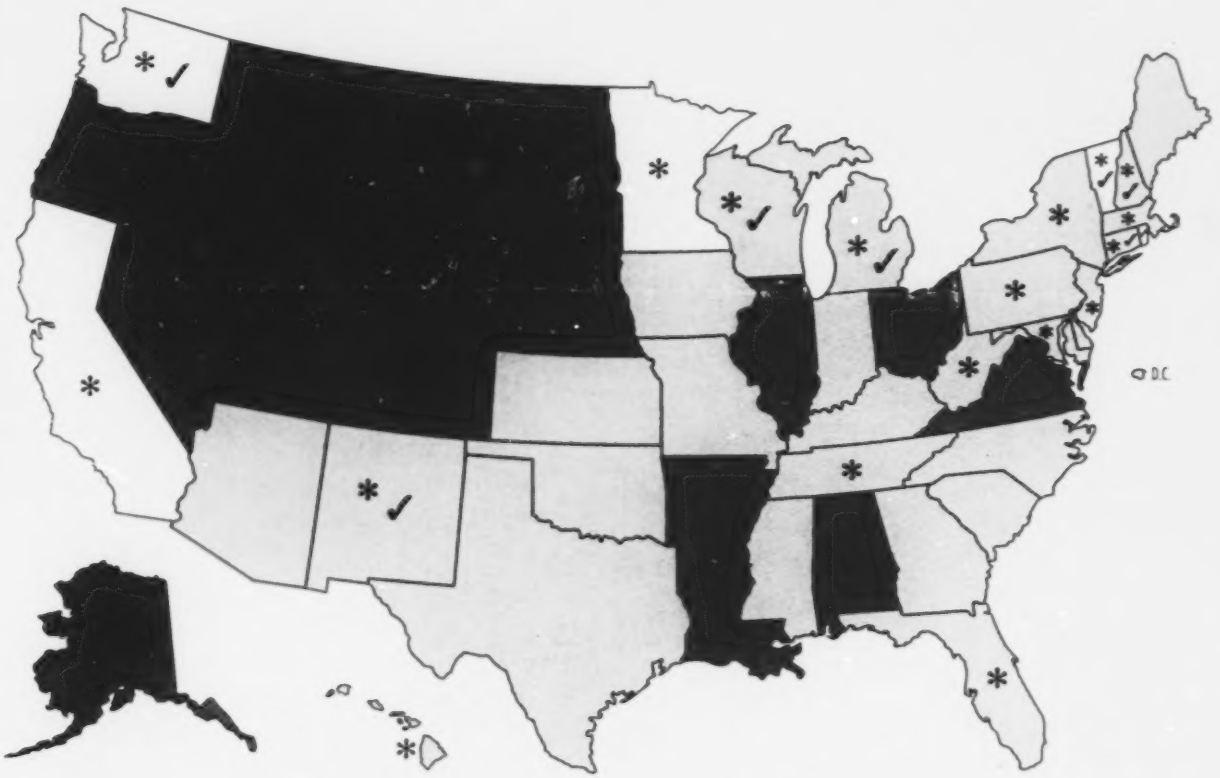
Appendix D

Indicators of State Investment in Young Children
Map 6: Child Health



Child health investments are measured in each state by the Medicaid eligibility level and the presence of a supplemental health insurance initiative for young children (indicated by *).

- States that provide Medicaid to children (0–1) living in families with incomes that are more than 185% of the federal poverty level
- States that provide Medicaid to children (0–1) living in families with incomes that are more than 133% of and less than or equal to 185% of the federal poverty level
- States that provide Medicaid to children (0–1) living in families with incomes that are equal to 133% of the federal poverty level
- ✓ States that provide Medicaid to children (1–5) living in families with incomes that are more than 133% of the federal poverty level.

Source: National Center for Children in Poverty. Based on data from the Center on Budget and Policy Priorities.

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CONTENTS

Executive Summary 7

CHAPTER 1

State Initiatives for Young Children and Families: Framing the Questions 15

Why *Map and Track?* 15

Defining the Questions 16

Profiling the States 18

State Initiatives for Young Children and Families 19

Overall State Patterns of Initiatives for Young Children and Families 23

Understanding the State Context: Risk and Investment Indicators 23

How the Information Was Gathered 25

What *Map and Track* Does Not Do 26

CHAPTER 2

State Initiatives for Young Children and Families: Overview of Findings 30

Developing Comprehensive Programs for Young Children and Families 30

Strengthening Systems for Young Children and Families 35

Planning and System Reform Efforts 35

Early Care and Education Systems Development 37

Creating Comprehensive Initiatives for Young Children and Families 38

The Relationship Between State Initiatives and State Indicators for Young Children and Families 43

The Relationship Between Federal Funds and State Initiatives for Young Children and Families 44

Lessons and Implications 45

What Can Be Done 47

CHAPTER 3

Finding the Patterns: State Profiles 49

Introduction 49

State-by-State Summaries of Initiatives, Investments, and Risk Indicators 50

State-by-State Descriptions of Initiatives 102

Appendices

A. States' Initiatives and Strategic Approaches for Supporting Young Children and Families 142

B. Indicator Summary Tables

Table 1: Indicators of Young Child and Family Risk Factors 143

Table 2: Indicators of State Investments in Young Children 144

Table 3: State-by-State Numbers and Poverty Status of Young Children 145

C. Tables and Maps: Indicators of Young Child and Family Risk

Table 4: Young Child Poverty Rates, 1990–1992, by State 146

Map 1: Young Child Poverty Rates, by State 147

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Table 5: Low Birthweight Rates, 1992, by State 148
Map 2: Low Birthweight Rates, by State 149
Table 6: Low Female Education Rates, 1991–1993, by State 150
Map 3: Low Female Education Rates, by State 151
Table 7: Male Unemployment Rates, 1991–1993, by State 152
Map 4: Male Unemployment Rates, by State 153
Table 8: Overcrowded Housing Rates, 1990, by State 154
Map 5: Overcrowded Housing Rates, by State 155

D. Tables and Maps: Indicators of State Investment in Young Children
Table 9 : Child Health, 1995, by State 156
Map 6: Child Health 157
Table 10: Child Care Quality, 1994, by State 158
Map 7: Child Care Quality 159
Table 11: State Prekindergarten and Head Start Spending, 1991–1992, by State 160
Table 12: Spending on Title IV-A At-Risk Child Care, 1993, by State 161
Map 8: Early Care and Education Spending 162

E. Background Data on State-by-State Spending on Poor Children 163
F. Selected References 164
G. State-by-State Contacts for Programs and Policies for Young Children and Families 167

List of Boxes and Figures

Box 1: An Overview of *Map and Track* Highlights 9
Box 2: Examples of Nationally Recognized Program Models 20
Box 3: State-by-State Strategic Approaches to Supporting Young Children and Families: Overall Patterns 22
Box 4: The Earliest Years (birth to three): Examples of State Program Initiatives 32
Box 5: The Preschool Years: Examples of State Program Initiatives 33
Box 6: Creating Family Support Programs: Examples of State Program Initiatives 33
Box 7: Respecting Developmental Differences: Examples of State Program Strategies Used for Infants and Toddlers, for Preschoolers, and for Families 34
Box 8: Building Systems of Services and Supports for Young Children and Families: Examples of State Planning Initiatives 36
Box 9: State Comprehensive Initiatives on Behalf of Young Children and Their Families 41
Box 10: What Difference Do Comprehensive Initiatives Make? Early Findings from North Carolina 42
Figure 1: Age Focus of States' Program Initiatives for Young Children and Families 32
Figure 2: Age and Planning Focus of State Planning and System Reform Strategies 37
Figure 3: State-by-State Strategic Approaches to Supporting Young Children and Families 40
Figure 4: Reader's Guide to the State Summaries 50
Figure 5: National Averages for Young Child and Family Risk Indicators 50
Figure 6: Reader's Guide to the State Descriptions 102

EXECUTIVE SUMMARY

What Is *Map and Track?*

How a society treats its youngest children, and how it helps families, particularly those coping with the unremitting demands of poverty, are signposts to the future. Many of these signposts in the United States are troubling. Indeed, the Carnegie Corporation report, *Starting Points,* deemed the situation facing young children and their families a "quiet crisis." It called for concerted efforts from all parts of this society to build a deeper commitment to its youngest children.

A key to building such a commitment is reliable and credible information about what policy and program initiatives already exist. In 1995, the National Center for Children in Poverty (NCCP) undertook a project to "map" state initiatives for young children and families and to develop a framework that would enable us to "track" changes in those initiatives over time. *Map and Track* is planned as a biennial report. To that end, a second edition will be released in two years, highlighting changes within individual states, as well as national trends.

What *Map and Track* Highlights

Map and Track is designed to answer a very large and important question: What initiatives are states undertaking to promote the healthy development of the next generation of American citizens? This question has immediate relevance to the daily lives of young children and families, and long term relevance to the future of the United States. At stake is the well-being of 23 million young children and their families. An estimated 5.7 million of these children live in poverty.

Three crucial developments make this information especially timely. First, during the past decade there has been an explosion of scientifically based knowledge about how risk factors affect the development of young children and families. There has also been a sharp increase in awareness of how carefully crafted interventions addressing multiple risk factors and targeted to both children and their families can help ensure that children grow up healthy and able to learn. *Map and Track* aims to discover the extent to which this emerging knowledge base is actually reflected in state program and policy initiatives for young children and their families.

Second, during the past decade, there has been a significant nationwide effort to engage in service delivery reform efforts. Typically, these have been designed to foster collaboration across multiple systems and programs serving the same children and families, and to make the services more "family friendly" (i.e., responsive to the needs of families, respectful of cultural diversity, and accessible). While there have been many descriptions of these service integration and system reform efforts, there has been no state-by-state analysis of the extent to which such cross-cutting efforts have targeted young children and families.

The third reason that this project is timely and necessary is the proposed dismantling of the federal structure that has formed a significant part of the policy framework for meeting the needs of young children and families for several decades. This new view of the balance of federal and state responsibilities could have dramatic effects on the structure and funding levels of state and federal programs. Having baseline data on how states are promoting the well-being of young children and families, as of the fall of 1995, will be important in understanding the impact of these impending changes in the years to come.

More specifically, *Map and Track* reports on *special, state-initiated, comprehensive* program and *cross-system* planning efforts. The efforts are *special* because they go beyond programs that, at least as of the fall of 1995, states were implementing to fulfill federal requirements. They are *state-initiated* in that they have a state-level catalyst, and, although they may be targeted to specific communities or sites, there is an intention toward statewide implementation. The programs highlighted are *comprehensive* in that they incorporate strategies to address the multiple needs facing young children and families. The system efforts reported are *cross-system,* in that they involve multiple public systems and sometimes public-private partnerships.

Map and Track also highlights combinations of strategies that states are supporting. To provide a context, it includes selected indicators of child and family risk, as well as indicators of state investments in young children and families. (See Box 1.)

How the Information Was Gathered

There were five information gathering strategies. First, in order to build on existing research, materials from national organizations or the states themselves that described states' initiatives, and/or examined issues related to comprehensive programs were reviewed. (See Appendix F for selected references.) Second, interviews were conducted with key contacts, largely from national organizations working with the states. Third, the background indicators were identified, analyzed and mapped (see Appendices C and D). Fourth, drawing on both the written materials and the information from key informants, summary descriptions were prepared of special initiatives on behalf of young children and families in each state. Early descriptions were shared at the National Governors' Association Campaign for Children meeting in July

1995. Fifth, following that, the state-by-state descriptions were sent for review to the Governor's office or commissioner-level staff, primarily in state human services and education departments. To ensure accuracy, extensive follow-up phone calls were made to the appropriate (and often) multiple staff identified as responsible for particular aspects of the initiatives.

Even with all these efforts, we recognize that an accurate description of a state at one point in time may quickly become outdated, sometimes in subtle, sometimes in dramatic ways. Further, the information is limited by the perspectives of our informants and by the ways in which large amounts of information were summarized. To that end, feedback is welcome from all who read this report.*

Box 1

An Overview of *Map and Track* Highlights

State special initiatives affecting young children and families

Program development

- Comprehensive program initiatives for infants and toddlers (e.g., home visiting, parent education)
- Comprehensive program initiatives for preschoolers (e.g., prekindergarten programs with comprehensive standards)
- Family support programs for young children and families

Planning

- Comprehensive planning/system reform initiatives
- Early care and education planning initiatives

State-by-State Strategic Approaches

- Deliberate, goal-directed, interconnected, multi-sector initiatives to benefit young children and families
- Separate planning and program initiatives
- Program only or planning only initiatives
- System reform efforts for other populations of children
- No or limited state initiated efforts

Risk factors

State-by-state indicators of risk factors affecting young children and families

- The percentage of young children who live in poverty
- The percentage of low birthweight babies
- The percentage of women who have not finished high school
- The percentage of unemployed men
- The percentage of children living in overcrowded housing

State investments

State-by-state indicators of state investments in young children and families

- The state selected eligibility level for Medicaid for young children
- The availability of a state-funded child supplemental health insurance program
- The availability of a state-funded prekindergarten program
- The use of state dollars to supplement federal Head Start funds
- Training requirements for center- and family-based child care providers
- Early childhood (ages birth to five) education teaching certification

* *Map and Track* aims to be a rich portrait of states' special initiatives for young children and families. But it should be clear that it does not encompass everything that a state is doing (or is supporting communities to do) on behalf of young children and families. Nor does it highlight community-based initiatives that are not linked to state leadership. Further, this edition does not highlight single-system initiatives, such as efforts to improve child health, nor to implement changes in welfare policies and programs. Finally, it should be noted that the data do not include the territories and for special reasons noted in Chapter 3, the District of Columbia.

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How the Report is Organized

Map and Track is organized so readers may use the information to best meet their needs. Chapter 1 presents an overview of the framework that guided the way the data were gathered and organized. Chapter 2 highlights the findings from a national perspective, synthesizing the information provided by the states. It also discusses some of the key lessons and implications. States' activities are illustrated in boxed text throughout the first two chapters. Chapter 3 presents detailed profiles of each state. The appendices include backup charts and maps, as well as selected references and contacts.

Highlights of the Findings

Developing Comprehensive Programs for Young Children and Their Families

Map and Track provides information on state-supported program development initiatives that meet three criteria: there is an intent to implement the program throughout the state; the program approaches supported by the state are comprehensive, addressing multiple child and family needs; and the programs are exclusively, or largely, supported with state dollars.

- ***Three-quarters of the states (37) are supporting one or more state-funded, comprehensive program strategies explicitly targeted to young children and their families.***
- Just over one-third of the states (18) have developed program approaches for the youngest population (i.e., infants and toddlers ages birth to three).
- Two-thirds of the states (34) report efforts to develop programs for young children between the ages of three and six.
- Fourteen states have developed family-centered programs serving children ages birth to six, either exclusively, or with some explicit focus in the context of family support programs for children of other ages.
- Seventeen states have developed one set of program strategies (of varying scope and intensity) for infants and toddlers and another for preschoolers.
- The level of fiscal commitment to programs for young children and families varies greatly from state to state. Although the data do not permit a per capita expenditure comparison, it is clear that population differences explain only some of the variations in levels of state fiscal support.

Strengthening Systems for Young Children and Their Families

Map and Track includes information about two different types of planning and system reform efforts; those that focus on broad cross-systems planning, and those that focus primarily on systems building related to early care and education strategies. The review of planning and system reforms included these highlights:

- ***Two-fifths of the states are developing broad-based planning and system reform efforts.***

- Over half of the states with broad-based planning and system reform efforts either explicitly target young children and their families or include attention to them in the context of an effort on behalf of all children.

- In the majority of states (14) developing planning and system reform efforts there is both a state- and community-level aspect. Five states are focusing only on state-level planning.

- Five states are developing explicit, cross-system, multi-pronged strategies to reduce fragmentation across different types of early care and education programs (e.g., Head Start, prekindergarten, child care).

Creating Comprehensive Initiatives for Young Children and Their Families

The levels of program and planning activity reported by the states provide one perspective on states' activities on behalf of young children and their families. But it is also important to systematically examine how states use combinations of strategies to forge a vision and to build interconnected initiatives for young children and families.

- ***Although there is much activity among the states on behalf of young children and their families, relatively few states have developed comprehensive initiatives; much more typical are parallel program and planning efforts without a clear vision and goals.***

- Eight states have developed deliberate, multi-strategy, interconnected goal-driven efforts to promote the well-being of young children and families. Four of these states focus on young children exclusively, four on all children.

- Ten states have both program and planning initiatives. In nine of these states, the strategies include targeted programs for young children and planning efforts for all or primarily older children, without any explicit linkages. In one state, both planning and program efforts are targeted to young children but are not linked. These are states that are particularly well positioned to develop more comprehensive initiatives, given proactive leadership and vision.

- Twenty-three states have either program development strategies (21 states) explicitly targeted to young children and families, or planning strategies (two states), but not both. In many of these states, the program development efforts form a base for building more comprehensive, interconnected strategies, drawing together both state and community planning and program development components.

- Five states have developed program or system reform initiatives on behalf of young children facing special risks (including the risks of out-of-home placement, evidence of emotional difficulties, etc.). While these efforts are limited in scope and target population, they provide experience with

new service delivery strategies, governance mechanisms and cross-system collaboration which could be used in creating an initiative for a broader group of young children and families.

- Four states have not developed any special initiatives for young children and families above and beyond what has been required by the federal government.

Some Lessons and Implications

As the United States embarks on a major new experiment in social policy, ten lessons and implications from state initiated efforts take on particular significance:

1. Almost three-quarters of the states are investing state dollars (a small number of them substantial dollars), in programs for young children and their families. This suggests widespread recognition across both political affiliation and geographic area of the importance of taking explicit steps to promote the well-being of young children and families. It also suggests there is a bi-partisan cadre of committed citizens, service providers, elected and appointed public officials and business leaders willing to speak for and act on behalf of the country's youngest and most vulnerable citizens.

2. A growing number of states are acting on the developmentally grounded knowledge that promoting the well-being of young children and families must start at the earliest years, ages birth to three. This is a promising shift from earlier policy efforts that focused primarily on four-year-olds (although across the country, the bulk of states' resources for young children and families still appear to be allocated to preschoolers).

3. As recognition spreads that supporting the development of young children is a complex process, single-strategy program approaches are giving way to more complex and interrelated efforts focused on nurturing parent-child relationships, helping families develop parenting and other skills, and improving access to basic and specialized services.

4. The mechanisms for building a strong community voice on behalf of young children and families are expanding. The fact that close to two-fifths of the states already have significant planning processes for children and families in place is important for engaging a broad segment of the community in addressing issues of resource allocation, service delivery, and improved outcomes.

5. Different pathways can lead states toward comprehensive systems of support for young children and families. Those states that have made the most progress share certain characteristics: a coherent vision and mechanism for ongoing policy and program development with explicit goals appropriate to young children and their families; high-level, often bi-partisan state leadership; explicit strategies for engaging both the public and private sectors; cross-system planning initiatives at the state or at both the state and community levels, directly linked to program initiatives; state-

funded program initiatives that respond to the different developmental needs of young children; recognition of the importance of providing information and support to families with young children in family-friendly, culturally respectful ways; and statewide coverage (or at least the serious intention of expanding statewide).

6. There are unexploited opportunities within each state to further strengthen policies and programs for young children and their families, regardless of how much or how little a state has in place. For some states this will mean initiating targeted programs, for others, linking planning and program development strategies to engage communities more actively in "owning" programs and agendas for young children and families. For states which have not yet focused significant sustained attention on young children and families, there are also clear and effective strategies they can adapt to their own political and cultural contexts and time frames, as well as expert mentors from other states, and national organizations to help and advise in the process.

7. Catalysts for mobilizing state efforts on behalf of young children and families vary. Gubernatorial and legislative vision have guided and sustained the most comprehensive initiatives for young children and families. But steady, mid- and high-level management support has also been critical. Federal support too, has often played a vital role in facilitating states' initiatives. Elsewhere, foundation projects have led to larger efforts. In many states, combinations of these catalysts have been critical.

8. Seeding, growing, institutionalizing, and evaluating a carefully crafted, multi-pronged initiative takes time. The most developed special initiatives have had sustained gubernatorial leadership, and/or explicit efforts to transfer commitments from one governor to the next, or from legislators to governors. Most initiatives have a multi-year history, starting small and growing incrementally, particularly at the community level.

9. Both state-to-state learning and national technical assistance have been important in spreading strategies and mobilizing commitments. State-to-state learning is particularly visible in the spread of program models (sometimes with support from national groups committed to disseminating program information). The impact of national training and technical assistance is particularly visible in the most developed initiatives.

10. Notwithstanding the range and scope of state and community activity across the country, research on impacts remains relatively limited. The kind of service-system research that is emerging in other arenas needs to be adapted and applied to large-scale reform efforts for young children and families. Further work is also needed on state indicators in order to capture the reality of the experiences of young children and families with a greater richness and accuracy.

These are promising and important developments. At the same time, *Map and Track* also sounds some troubling notes. Most of the efforts are recent and therefore fragile, not yet well institutionalized. Even in the short time

that NCCP has been gathering data for *Map and Track,* initiatives have been eliminated. In several states, even exemplary initiatives have had dramatic reductions in funding. In addition, while it is popular to argue that federal programs for children and families are restrictive and categorical, in fact, many of the special initiatives that we describe in detail in this report have used federal dollars in creative, supportive ways. If these dollars are reduced or withdrawn, the state initiatives may be affected.

What Can Be Done

The choice is clear. Models, strategies, leadership and opportunities for young children and their families exist across this country. The challenge will be to move forward despite constraints. There is much depending upon it. To that end, we highlight six action steps below that can be taken within states, by families, by providers, by policymakers and by elected officials to sustain the momentum for serious program and policy commitments not just to young children and families, but to their future..

1. Expand and mobilize the cadre of leadership focused on young children and families to ensure that decisionmakers are knowledgeable about both basic state investments and special initiatives for young children and families. There are many ways of doing this: families can speak, state officials can hold briefings, conferences can be organized, and decisionmakers can be invited to programs. What counts is that there be a concerted strategy at the state, regional and national levels.

2. Ensure that solid evaluations are built into program and system reform initiatives. In a time of fiscal constraints, there is an even greater need to know how best to allocate resources, and to understand what will pay off most in the long run for young children and their families.

3. Ensure that planning/system reform and program development strategies are linked with welfare reform strategies, since often they focus, at least in part, on the same group of children and families.

4. Build learning networks across states and communities to ensure that they can learn from each other, and to foster mentoring for emerging leaders. This will help in the effort to sustain a public vision of caring and success for young children and their families.

5. Improve public understanding of how federal dollars for young children and families have been used to foster state and community innovations and attention to young children, and how they might be so used in the future.

6. Encourage the development of focused media campaigns to sustain the momentum for state and community action to promote the well-being of young children and families, and to increase awareness of the benefits of investing in young children and families.

CHAPTER 1

State Initiatives for Young Children and Families: Framing the Questions

Why *Map and Track?*

How a society treats its youngest children, and how it helps families, particularly those coping with the unremitting demands of poverty, are signposts to the future. Many of these signposts in the United States are troubling. Indeed, the Carnegie Corporation report, *Starting Points*, deemed the situation facing young children and their families a "quiet crisis."[1] Further, it called for concerted efforts from all parts of this society to build a deeper commitment to its youngest children.

A key to building such a commitment is solid information about what policy and program initiatives already exist. In 1995, the National Center for Children in Poverty (NCCP) undertook a project to "map" state initiatives for young children and families and to develop a framework that would enable us to "track" changes in those initiatives over time.

Map and Track is designed to answer a very large and important question: What initiatives are states undertaking to promote the healthy development of the next generation of American citizens? This question has immediate relevance to the daily lives of young children and families, and long term relevance to the future of the United States. At stake is the well-being of 23 million young children and their families. An estimated 5.7 million of these children live in poverty.[2]

Three crucial developments make this information especially timely. First, during the past decade there has been an explosion of scientifically based knowledge about how risk factors affect the development of young children and families. There has also been a sharp increase in awareness of how carefully crafted interventions addressing multiple risk factors, can reduce the dangers they pose to children.[3] This knowledge has implications for program and policy development on a larger scale. It suggests that programs and policies designed to address multiple risk factors at once may have greater impact than narrow, categorical programs and policies. *Map and Track* aims to discover the extent to which this emerging knowledge base is actually reflected in state program and policy initiatives for young children and their families.

Second, during the past decade, there has been a significant nationwide effort to engage in service delivery reform efforts. Typically, these have been designed to foster collaboration across multiple systems and programs serving the same children and families, and to make the services more "family-

friendly" (i.e., responsive to the needs of families, respectful of cultural diversity and accessible). While there have been many descriptions of these service integration and system reform efforts,[4] there has been no state-by-state analysis of the extent to which such "cross-cutting" efforts have targeted young children and families.

The third reason that this project is timely and necessary is the proposed dismantling of the federal structure that has formed a significant part of the policy framework for meeting the needs of young children and families for several decades. This new view of the balance of federal and state responsibilities could have dramatic effects on the structure and funding levels of state and federal programs. Having baseline data on how states are promoting the well-being of young children and families, as of the fall of 1995, will be important in understanding the impact of these impending changes.

Map and Track is planned as a biennial report. To that end, a second edition will be released in two years, highlighting changes within individual states as well as trends across the country. NCCP is also planning to issue an addendum to this report within the next year that will supplement the state-by-state profiles presented here with a state-by-state overview of both welfare reform efforts as well as health-related initiatives as these affect young children and families.

Defining the Questions

In order to examine the very large question of what initiatives states are undertaking to promote the development of our youngest citizens, *Map and Track* considers five smaller questions.

1. **What comprehensive program development strategies are states investing in for young children and families?**

   Two decades of experiences with programs for young children and families suggest that the most effective programs are comprehensive (able to meet the different needs of families with young children) and family-friendly. Therefore, it is important to know to what extent states are investing in such programs. In addition, *Map and Track* examines the degree to which states are investing in programs targeted explicitly to younger (infants and toddlers) as well as older (ages three to six) preschool children. This report also considers what strategies states are using to provide information and support to families with young children (i.e., linking them up with other parents, ensuring they have culturally respectful information about child development, and helping them access job training programs).

2. **What cross-system planning and/or system reform efforts are states undertaking on behalf of young children and their families?**

   The last decade has highlighted the reality that services for children and families are often fragmented and hard to access. In response, there have been efforts to define new ways of doing business, sometimes called

"services integration efforts," "system reform efforts" or "planning efforts." Such efforts may have varied goals. Some are designed to address administrative fragmentation across early care and education programs (e.g., Head Start and child care programs). Others have broader goals to help build more comprehensive systems of services and support for young children and families that encompass not just prekindergarten, Head Start, and child care programs, but other services as well (e.g., health, mental health, and substance abuse). Still others are part of a larger planning strategy for all children and families. Further, efforts may vary by whether they are implemented primarily at the state level or in collaboration with communities. *Map and Track* is designed to examine the extent to which young children and families are the focus of strategic planning and/or system reform efforts.[5]

3. **What combinations of strategies are states using to build comprehensive systems of services for young children and families?**

   In some states, program development strategies stand alone, in others, there are parallel planning efforts, but these are unlinked to program development strategies. In still other states there has been an effort to develop multiple strategies and to link them together. *Map and Track* provides an overall picture of what strategies (or combinations of strategies) states are using in order to highlight different pathways by which states can strengthen attention to young children and families.

4. **In what ways, if any, are state special initiatives on behalf of young children related to levels of risk in the young child population and/or other types of state investments in young children?**

   Map and Track is primarily designed to profile state efforts to foster comprehensive program and planning/system reform efforts on behalf of young children and families. At the same time, it is important to recognize that such efforts do not reflect all the ways in which states seek to enhance the well-being and future development of young children. Therefore, as background, *Map and Track* provides information on the extent to which states are investing in young children by supplementing selected federal programs and/or addressing child care quality issues through training requirements. (These are proxy indicators, however, and they are not intended in any way to characterize the full range of state investments in young children.) Similarly, to provide a gross sense of the magnitude of need, we provide state-by-state information on a series of child and family risk factors. This report also examines whether there is any relationship among these investment and risk indicators and the development of state special initiatives.

5. **What issues and themes emerge across the states that have implications for the next generation of state efforts to enhance outcomes for young children and families?**

   Those committed to an agenda for young children and families have many questions, especially in a politically uncertain and fast changing

context. What kind of technical assistance do states need? How have federal funds facilitated or impeded earlier efforts to build state initiatives? What role has foundation leadership, gubernatorial or state legislative leadership played? How is the family voice reflected in emerging initiatives? *Map and Track*, drawing on the rich pool of descriptive information provided by the states, sheds some light on issues such as these.

Profiling the States

To answer these five questions, *Map and Track* provides:

- Detailed descriptions of state initiatives for young children and families,
- Background indicators of state investments in selected health and child care programs,
- Background indicators of risk factors affecting young children and families.

The type of information gathered or synthesized for each of these sets of data is described more fully below. (For an overview, see Box 1.) Detailed state-by-state profiles appear in Chapter 3.

Box 1

An Overview of *Map and Track* Highlights

State special initiatives affecting young children and families

Program development

- Comprehensive program initiatives for infants and toddlers (e.g., home visiting, parent education)
- Comprehensive program initiatives for preschoolers (e.g., prekindergarten programs with comprehensive standards)
- Family support programs for young children and families

Planning

- Comprehensive planning/system reform initiatives
- Early care and education planning initiatives

State-by-State Strategic Approaches

- Deliberate, goal-directed, interconnected, multi-sector initiatives to benefit young children and families
- Separate planning and program initiatives
- Program only or planning only initiatives
- System reform efforts for other populations of children
- No or limited state initiated efforts

Risk factors

State-by-state indicators of risk factors affecting young children and families

- The percentage of young children who live in poverty
- The percentage of low birthweight babies
- The percentage of women who have not finished high school
- The percentage of unemployed men
- The percentage of children living in overcrowded housing

State investments

State-by-state indicators of state investments in young children and families

- The state-selected eligibility level for Medicaid for young children
- The availability of a state-funded child supplemental health insurance program
- The availability of a state-funded prekindergarten program
- The use of state dollars to supplement federal Head Start funds
- Training requirements for center- and family-based child care providers
- Early childhood (ages birth to five) education teaching certification

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State Initiatives for Young Children and Families

The focus of *Map and Track* is on *special, state-initiated, comprehensive* program, and *cross-system* planning efforts. The efforts are special because they go beyond programs that, at least as of the fall of 1995, states were implementing to fulfill federal requirements. They are *state-initiated* in that they have a state-level catalyst, and, although they may be targeted to specific communities or sites, there is some intent toward implementation throughout the state. The programs highlighted are *comprehensive* in that they incorporate strategies to address the multiple needs facing children and families. The system efforts reported are *cross-system,* in that they involve multiple public systems and sometimes public-private partnerships.

There are two reasons for these criteria. First, as noted earlier, evidence suggests that cross-cutting strategies lead to more efficient use of resources as well as less fragmented services for families. Second, although other organizations are tracking single-system initiatives, a "big picture" overview is necessary to put such initiatives into their larger context.[6]

With this framework, the types of state initiatives that this report tracks are highlighted below.

Program Initiatives

Map and Track highlights three types of program initiatives: programs targeted to very young children (infants and toddlers), programs serving preschoolers, and parent education/family support programs that seek, using a variety of strategies, to enhance parental skills and understanding of child development. Also indicated in the state-by-state descriptions is whether the programs *aim* to be universal (available to all children of a certain age), or are targeted to low-income children and families, as well as their scope and current funding levels. When states are replicating or adapting nationally recognized program approaches, we indicate this. (See Box 2 for an overview of some of the major nationally recognized models.)

- ***Programs targeted to infants and toddlers (ages birth to three).*** Research on child development increasingly suggests that relationships between infants and toddlers and their caregivers holds the key to children's future development.[7] Therefore, *Map and Track* highlights state support for programs that help parents build solid relationships with their babies, as well as meet other basic family needs. Often, these programs involve home visiting as a central strategy.[8] Equally often, they take the form of parent education programs that aim to enhance parental knowledge about child development and increase parenting skills. Some of the programs are universal, others target communities with concentrated poverty or families experiencing multiple risk factors, such as those with children deemed to be at risk of abuse or neglect.

- ***Comprehensive prekindergarten programs (ages three to six).*** A recent Children's Defense Fund report found that state-funded prekindergarten programs largely serve four-year-olds, but vary enormously along other dimensions.[9] Some remain narrowly framed education programs; others have comprehensive standards similar to Head Start, including requirements to ensure parental involvement. Some programs function in

Box 2

Examples of Nationally Recognized Program Models[10]

Healthy Families America

- Provides services through home visits focusing on parenting skills, child development, child health, and other aspects of family functioning, using intensive, comprehensive, long-term, flexible, and culturally respectful approaches.
- Seeks to ensure that all new parents, particularly those facing the greatest challenges, receive the education and support they need to help their children get a healthy start in life.
- Developed through two decades of research and the experience of the Hawaii Healthy Start program.
- National program model developed and disseminated by the National Committee to Prevent Child Abuse starting in 1992, in partnership with Ronald McDonald Children's Charities and in collaboration with the Hawaii Family Stress Center.
- Over 100 local programs have been established in 20 states, along with a network of qualified home visiting trainers.

Home Instructional Program for Preschool Youngsters (HIPPY)

- Provides a two-year family literacy and parenting education program for parents and their four- and five-year-old children through home visits and bi-monthly group meetings
- Promotes school readiness by enhancing parents' involvement in their children's academic success.
- Seeks to empower parents by renewing their interest in their own academic potential.
- Long-term goals are to reduce families' welfare dependency, increase parents' involvement in the public schools, and reduce children's school dropout rates.
- Delivered by paraprofessionals who are members of the participating communities and are themselves parents in the program.
- Developed originally in Israel, and disseminated in the U.S. by the HIPPY national office at Teachers College at Columbia University.

Parents as Teachers (PAT)

- Designed as a home-school-community partnership that features a parenting education program for parents of children ages birth to five.
- Based on the philosophy that parents are children's first and most influential teachers.
- Trained PAT professionals offer parents timely information on their children's development and learning through regularly scheduled home visits, parenting education, group meetings, screenings, and referrals to other social service agencies.
- Began with a pilot project in Missouri in 1981.
- The Parents as Teachers National Center, established by the Missouri Department of Education in 1987, disseminates the model nationally and trains PAT professionals.
- Local programs currently exist in 44 states, the District of Columbia, and five foreign countries.

Family Support Programs

- Build relationships with families that emphasize equality, respect, and the building of trust between families and staff.
- Emphasize that the family is the most important and effective resource available to any individual child.
- Do not follow a single model, but instead are designed to meet the needs of the families being served and to complement existing community services and resources.
- Frequently offer life skills training, parent education classes and support groups, parent-child groups and family activities, child care, information and referral services, advocacy, crisis intervention and family counseling, and other auxiliary support services, such as clothing, emergency food, and transportation.
- Have the possibility of technical assistance by the Family Resource Coalition, a national membership, consulting and advocacy organization.

Head Start

- Launched in 1965 by the federal Office of Economic Opportunity as an eight-week summer program designed to help break the generational cycle of poverty by providing low-income preschool children with a comprehensive program to meet their emotional, psychological, social, health, and nutritional needs.
- Currently offers full-year, and in some cases full-day, services to low-income children nationwide, supported by an annual federal appropriation of $4.2 billion in 1995.
- Program encompasses: education, health (including medical, dental, nutritional, and mental health), social services, and parent involvement.
- Communities adapt these components to meet the needs of local children, but must meet national performance standards.
- Locally delivered by 1,700 community-based nonprofit organizations and school systems, federally administered by the Head Start Bureau in Washington.
- Some states supplement the federal funds available to their Head Start programs, to enable them to serve additional children or to extend Head Start services from half to full days.

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isolation, others are seen as integral parts of efforts to foster interagency collaboration and community ownership. *Map and Track* highlights state efforts to use state-funded prekindergarten programs as a vehicle to promote planning and linkages across all parts of the early childhood community and/or to ensure that young children have access to comprehensive services. This report also notes whether the prekindergarten programs are universal in intent or targeted to low-income and/or otherwise at-risk young children. Data indicate that this latter group is much less likely to be enrolled in prekindergarten programs than their more affluent counterparts.[11]

- ***Parent education/family support programs.*** *Map and Track* illuminates state efforts to encourage the development of both parent education and family support programs in ways that include explicit attention to young children and families. During the last decade, two different but increasingly overlapping program approaches have emerged to meet the needs of parents facing the task of child rearing in a very complex world—parent education programs and family support programs. In general, parent education programs involve a curriculum based and/or a home visiting strategy. Family support programs seek to build on the strengths of families. They have as their hallmark flexibility that enables them to respond to parents in many different circumstances (e.g., immigrant parents, teen parents). Typical core activities include: providing information and drop-in child care, helping with access to services and benefits, and orchestrating social activities and other opportunities to foster healthy parent-child interactions. Others have provided rich descriptions of the details of these programs.[12] Further, across the country, a number of significant projects are underway to provide technical assistance.[13] *Map and Track* highlights the extent to which states are helping to seed either type of program in communities throughout a state.

Planning/Governance/System Reform Initiatives

As noted earlier, efforts to improve decision-making about the use of public and private dollars on behalf of children and families have spawned "system reform" efforts in many states. *Map and Track* emphasizes three approaches:

- ***State-level planning/governance initiatives.*** State-level planning or system reform strategies involve efforts to foster collaboration across multiple state agencies, either for all children, or for young children and families. In some states they involve only state administrators, in others, membership is drawn from families, the business community, the media and others.[14] Increasingly, these efforts are framed around the development of shared goals and/or outcome indicators (often called "benchmarks").

- ***State-initiated community-level planning/governance initiatives.*** During the past several years there has been a growing effort to build a community voice for children and families. Interagency councils and planning initiatives have grown in response to federal or foundation initiatives, local leadership, and/or state initiatives. *Map and Track* highlights state planning/system reform initiatives that have both a state and a community component.

Box 3

State-by-State Strategic Approaches to Supporting Young Children and Families: Overall Patterns

Strategic Approach 1 includes comprehensive, interconnected sets of initiatives focused on young children and families. These states demonstrate most of the following characteristics:

- A coherent vision and mechanism for ongoing policy and program development with explicit goals for young children (ages birth to six) and their families;
- High-level, often bi-partisan state leadership;
- Explicit strategies for engaging both the public and private sectors;
- Cross-system planning initiatives at the state- or community-level, directly linked to program initiatives;
- State-funded program initiatives that respond to the different developmental needs of young children;
- Recognition of the importance of providing information and other support to families with young children in family-friendly, culturally respectful ways;
- Statewide coverage (or at least the serious intention of expanding statewide).

Strategic Approach 2 includes parallel program initiatives that specifically target young children and families, and planning initiatives that may or may not target young children and families:

- Some state-funded program initiatives that respond to the different developmental needs of young children;
- Cross-system planning initiatives on behalf of children and families at the state or community level that are not explicitly linked to program initiatives, or do not focus explicitly on young children and families;
- Recognition of the importance of providing information and other support to families with young children in family-friendly, culturally respectful ways;
- Statewide coverage (or at least the serious intention of expanding statewide);
- Some high-level leadership.

Strategic Approach 3 includes either only program initiatives or only planning initiatives for young children and families. These states demonstrate most of the following characteristics:

- State-funded program initiatives that respond to the different developmental needs of young children, with no formal planning initiatives; or
- Planning initiatives on behalf of young children and families, with no state-funded program initiatives;
- Statewide coverage (or at least the serious intention of expanding statewide);
- No explicit overall goals or vision for addressing the developmental needs of young children and families.

Strategic Approach 4 includes system reform or cross-cutting, multiservice initiatives for subgroups of young children. These states demonstrate some of the following characteristics:

- State-funded program or planning initiatives for special populations of young children (e.g., those with disabilities, mental health challenges, or other special needs);
- System reform planning initiatives for special populations of children of all ages (such as those at risk of out-of-home placement);
- No explicit overall goals or vision for addressing the developmental needs of all young children and families.

Strategic Approach 5 includes very limited, if any cross-system, multiservice program or planning initiatives for young children and families beyond those mandated or supported by federal programs. These states may nevertheless have:

- Federally-funded cross-system or multiservice initiatives (e.g., Part H, Family Support and Preservation, or other initiatives supported by combinations of various federal funds);
- A history of state-funded cross-system or multiservice initiatives that the state no longer supports;
- Cross-system or multiservice initiatives in individual communities that the state does not fund elsewhere.

NOTE:
The focus of this report is on young children (i.e., ages birth to six) and their families. Planning and system reform efforts that do not include an explicit focus on young children and families are described as targeting "children of all ages." In most, although not all instances this means children from birth through age 18.

- ***Early care and education linkages.*** To develop a more unified approach and work towards a "seamless" child care and early education system, a number of states are trying to link Head Start, child care and prekindergarten programs through regulatory or fiscal mechanisms, shared standards and training, blended funding or unified administration, or a combination of these strategies. These efforts also represent a framework that can be expanded to include an even broader range of agencies which provide formal or informal services and supports to young children and families.

Overall State Patterns of Initiatives for Young Children and Families

To capture the overall depth and scope of state special initiatives, *Map and Track* highlights five strategic approaches (see Box 3). This framework illustrates: (1) which states are implementing deliberate, goal driven, comprehensive interconnected strategies with both planning and program components for young children and families; (2) which states have separate program and planning strategies that do not seem to be connected; and (3) which states have only program or planning strategies. Also noted are the states that have special cross-system initiatives addressing young children with special needs, and states that have no initiatives above and beyond what was federally required as of the fall of 1995.

Clustering state approaches serves several purposes. It profiles each state's overall effort on behalf of young children and families at a particular point in time. It provides a basis, in subsequent editions of *Map and Track,* to highlight changes over time. And it calls attention to the different combinations of strategies states might use to organize efforts to promote the well-being of young children and families.

Understanding the State Context: Risk and Investment Indicators

Child and Family Risk Indicators

We have chosen five measures as proxy indicators of risk factors affecting young children and families within each state. Each of the indicators meets two criteria. First, there is a body of empirical data indicating the significance of each indicator for the development of young children. Second, the indicators are available (or can be recalculated) on a state-by-state basis. The indicators provide a framework for capturing child-related, family-related and environmental risk factors that affect children's well-being. The five indicators are:

- ***The percentage of young children whose families live in poverty.*** Child poverty—particularly young child poverty—is a risk factor for children that affects their health and emotional development. Nationally, approximately one-fourth of young children live in poverty.[15] Variations from state to state, and even community to community, make this a particularly sensitive indicator of the future well-being of children.
- ***The percentage of low birthweight babies.*** Low birthweight infants include those born prematurely as well as those whose intrauterine growth has been retarded. Low birthweight is generally recognized as a

major risk factor for children. Low birthweight children are likely to experience long-term consequences, including a higher proportion of developmental disabilities, learning difficulties, behavioral problems, and other risk factors that affect school performance and social skills.[16]

- ***The percentage of women who have not finished high school.*** The level of maternal education is closely related to outcomes for children. Studies repeatedly find that children of mothers with less education in general fare more poorly over time than children whose mothers have at least completed high school.[17]

- ***The percentage of unemployed men.*** The contributions that fathers make to supporting their children have a critical influence on the amount of income available to families to support children. Formal data are also beginning to suggest that unemployment may also negatively affect father-child relationships.[18] While there are no data specifically on the unemployment levels of fathers, we have used male unemployment levels as a proxy.

- ***The percentage of children living in overcrowded housing.*** Few measures capture the environmental complexity that young children face, but overcrowded housing appears to be a significant indicator, with some research suggesting a relationship between this measure and levels of stress and school readiness.[19]

Three caveats about these indicators of risk are appropriate. First, because of sampling limitations, we have not ranked the states, but rather grouped them according to whether they fall above, below, or around the national average on each of the indicators. Second, the fact that a state is above average is merely a statistical fact; it does not mean that those states are actually capitalizing on the best knowledge about what is necessary for the healthy development of young children. For example, the national Young Child in Poverty Rate in 1994 was 24.5 percent.[20] This means that, on the average, one out of every four young children is poor, hardly an acceptable national standard.[21] Third, although these indicators provide a global sense of risk, they are not necessarily the most desirable set of indicators; they represent the authors' judgement of the best indicators that are available on a state-by-state basis.[22]

Investment Indicators

We have chosen three types of measures as proxies for states' investments in young children and families; two define effort in fiscal terms, while one is a proxy for issues of program quality.

- ***Investments in child health.*** State recognition of the importance of assuring that young children have access to health care can be reflected in different types of investments. *Map and Track* identifies two proxy indicators. The first is the state-chosen Medicaid eligibility level for young children and families, which, in the fall of 1995 could range from 133 percent to above 185 percent of the poverty level. The second is whether the state has created a supplemental child health insurance program for children above the Medicaid eligibility level who otherwise would not have access to health care.[23]

- ***Investments in early care and education.*** State recognition of the importance of child care and education for young children is reflected in different types of investments. *Map and Track* uses three indicators to serve as a proxy for the level of state effort regarding early care and education subsidies: the availability of a state-funded prekindergarten program, whether the state has supplemented the federal Head Start program, and the extent of a state's contribution to the federal Title IV-A At-Risk Child Care Program. (Information about states' combined fiscal investments in their early care and education programs is not currently available.[24])

- ***Early care and education quality requirements.*** Recent reports confirm that a large percentage of young children are in child care settings of poor or marginal quality.[25] In general, training for child care staff correlates with other important child care quality indicators, such as child/staff ratios and group size requirements.[26] Therefore, as a proxy for state attention to quality of care we have examined pre- and in-service training requirements for staff in both child care centers and family day care homes. In addition, the recent growth of state-funded prekindergarten programs has dramatically increased the number of early care and education programs being offered in schools. Therefore, we also indicate whether states have special certification requirements for teachers of young children.[27]

Again caveats are appropriate. Although the fiscal marker indicators do not capture fully the level of state investment in young children, they represent the best available data.[28] They also represent critical domains in which states have had opportunities for flexibility and state initiative and they permit cross-state comparisons. Similarly, provider training requirements represent only one aspect of the issues involved in promoting quality early care and education programs.[29]

How the Information Was Gathered

There were five information gathering strategies. First, in order to build on existing research, materials from national organizations or the states themselves that described states' initiatives, and/or examined issues related to comprehensive programs were reviewed. (See Appendix F for selected references.) Second, interviews were conducted with key contacts, largely from national organizations working with the states. Third, the background indicators were identified, analyzed and mapped (see Appendices C and D). Fourth, drawing on both the written materials and the information from key informants, summary descriptions were prepared of special initiatives on behalf of young children and families in each state. Early descriptions were shared at the National Governors' Association Campaign for Children meeting in July 1995. Fifth, following that, the state-by-state descriptions were sent for review to the Governor's office or commissioner-level staff, primarily in state human services and education departments. To ensure accuracy, extensive follow-up phone calls were made to the appropriate (and often multiple) staff identified as responsible for particular aspects of the initiatives.

Even with all these efforts, we recognize that an accurate description of a state at one point in time may quickly become outdated, sometimes in subtle, sometimes in dramatic ways. Further, the information is limited by the perspective of our informants or by the ways in which large amounts of information were summarized. To that end, feedback is welcome from all who read this report.

What *Map and Track* Does Not Do

Map and Track aims to be a rich portrait of states' special initiatives for young children and families. But it should be clear that it does not encompass everything that a state is doing (or is supporting communities to do) on behalf of young children and families. Nor does it highlight community-based initiatives that are not linked to state leadership. And, as emphasized earlier, it does not highlight the ways states have used federal programs, particularly Medicaid, the Family Support and Preservation Act, or Part H of IDEA to create flexible programs, except when states have used federal dollars as part of their special state initiatives. Further, this edition does not highlight single-system initiatives, such as efforts to improve child health.[30] Nor does it reflect changes in welfare policies and programs in the states. It is also limited in that, other than the state match for federally funded Title IV At-Risk child care subsidies, it has no indicator of state levels of investment in child care. In subsequent editions, *Map and Track* will either gather these data or draw on information that others are now collecting. Finally, it should be noted that the data do not include the territories and for special reasons noted in Chapter 3, the District of Columbia.[31]

References

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2. Based on data from the March Current Population Surveys, 1991–1993. See Appendix B, Table 3 for state-by-state rates of young child poverty.

3. See, for example, Anthony, E. J. & Cohler, B. J. (Eds.). (1987). *The invulnerable child.* New York, NY: Guilford Press.

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4. The following works are key documents in service integration and system reform efforts.

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MacDonald, M. (1994). *Reinventing systems: Collaborations to support families.* Cambridge, MA: Harvard Family Research Project, Graduate School of Education, Harvard University.

See also Appendix F: Selected References.

5. For a clear statement of the challenge, see for example, Schultz, T. & Lopez, E. (1995). Early childhood reform: Local innovations in a flawed policy system. *Phi Delta Kappan,* 77(1), pp. 60–63.This is in sharp contrast to the efforts on behalf of older children.

6. For example, the Children's Defense Fund tracks and reports on state-by-state developments in child care on a fairly systematic basis, as does the National Governors' Association regarding health care. See for example, Adams, G. & Sandfort, J. (1994). *First steps, promising futures: State prekindergarten initiatives in the early 1990s.* Washington, DC: Children's Defense Fund; and Perry, D. F. (1995). *Innovative state health initiatives for children* (StateLine). Washington, DC: Health Policy Studies Division, National Governors' Association.

7. See, for example, Carnegie Task Force on Meeting the Needs of Young Children, reference 1.

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8. See, for example, U.S. General Accounting Office. (1990). *Home visiting: A promising early intervention strategy for at-risk families.* Washington, DC: U.S. General Accounting Office.

9. See Adams & Sandfort in reference 6.

10. For fuller descriptions of these and other national program models see, for example, Advisory Committee on Head Start Quality and Expansion. (1993). *Creating a 21st century Head Start: Final report of the Advisory Committee on Head Start Quality and Expansion.* Washington, DC: U.S. Department of Health and Human Services.

Goetz, K. & Peck, S. (1994). *The basics of family support: A guide for state planners (and others).* Chicago, IL: Family Resource Coalition.

Kagan, S. L. & Neville, P. (Eds.). Family support and school-linked services. *Family Resource Coalition Report,* Fall/Winter, 12(3 & 4), pp. 4–54.

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11. Recent GAO reports estimate that 2 million young children ages birth to five are served by 34 key federal programs involving child care or education, but low-income children are much less likely to have access to such programs. In 1990 only 35 percent of low income three- and four-year-olds participated in preschool programs compared with about 60 percent of high-income children. Furthermore, only 29 percent of eligible three- and four-year-olds attended the Head Start program in 1993.

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U.S. General Accounting Office. (1995). *Early childhood centers: services to prepare children for school often limited.* Washington, DC: U.S. General Accounting Office.

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13. For example, the Family Resource Coalition is working with ten states through its State Technical Assistance and Training (STATES) project to increase the capacity of these states to develop networks of local family support services. In a related effort, the Danforth Foundation has supported the Families and Work Institute and the National Center for Children in Poverty to provide technical assistance to states for community planning and system building that encompasses family support.

14. *Map and Track's* framework differs slightly from that of the Family Impact Seminar, which, in a recent analysis of states' child and family councils, distinguishes three types of planning/governance efforts: Interagency Children's Cabinets, advisory commissions, and public/private Family Investment Trusts. *Map and Track's* approach, in contrast, includes only formal planning initiatives with defined influence and authority. Excluded are those that serve merely in advisory capacities in order to avoid planning efforts not yet directly linked to implementation.

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15. Li, J. & Bennett, N. (1994). *Young children in poverty: A statistical update.* New York, NY: National Center for Children in Poverty, Columbia University School of Public Health, p. 1.

16. See, for example, Klerman, L. V. with Parker, M. B. (1990). *Alive and well? A research and policy review of health programs for poor young children.* New York, NY: National Center for Children in Poverty, Columbia University School of Public Health.

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19. Conley, D. (1995). *A room of one's own: Sibship, household crowding and educational attainment.* New York, NY: Unpublished manuscript.

20. U.S. Bureau of the Census. (1995). *Income, poverty, and valuation of noncash benefits: 1994.* (Current Population Reports, Consumer Income Series P60-189). Washington, DC: U.S. Department of Commerce, p. 26, Table 9.

21. Similarly, the national average for low birthweight babies is 7.1 percent, while the ideal goal, according to the national promotion and disease prevention objectives identified in Healthy People 2000, is 5 percent. (Even this standard also ignores the reality of systematically and significantly higher low birthweight rates for particular communities and/or children of color and poor children).

U.S. Department of Health and Human Services, Public Health Service. (1990). *Healthy people 2000: National health promotion and disease prevention objectives.* Washington, DC: Public Health Service, U.S. Department of Health and Human Services, p. 110.

22. For example, a recent report suggested that state-by-state information on several indicators would be appropriate benchmarks relevant to the implementation of the first National Education Goal: "all children in America will start school ready to learn." (These indicators included the percentage of infants born with two or more developmental risks; the percentage of two-year-olds who have been fully immunized; the percentage of three- to five-year-olds whose parents read to them or tell them stories regularly, and the gap between the preschool participation rates of three- to five-year-olds in low- and high-income families.) That same report, however, was not able to provide information on all, or even most, of the four indicators for even one state. Similarly, a recent report of the Institute of Medicine finds that the percentage of unintended pregnancies is a powerful indicator of future outcomes for children. However, such data are available on a state by state basis in only a few states. (These data are available through the Pregnancy Risk Assessment Monitoring System (PRAMS) which is an ongoing population-based survey of random samples of women giving birth in each of the four participating states: Alaska, Maine, Oklahoma, and West Virginia.) Even such relatively straightforward data as the percentage of two-year-olds who have been fully immunized would be an important marker, but this, also, is not available on a state-by-state basis.

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23. The tradeoffs for this are complicated. In some states, the expansion of Medicaid eligibility serves the same pool of children who, in other states with low eligibility rates, might be served through a state supplemental program.

24. Under federal law operative at the time this study began, to be eligible for subsidies through the federal At Risk Child Care Program, states had to provide a match. States could choose not to participate in the subsidy program, or match the federal dollars at any rate up to 100 percent. States, of course, also have the option of creating their own subsidy programs. The Children's Defense Fund is currently studying these programs to update a report based on 1990 data by Gina Adams and Jodie R. Sandfort. We have not used those 1990 data because they pre-dated several major federal subsidy programs, including the At Risk Child Care program and the Child Care and Development Block Grant. The new report should be available early in 1996, and will complement the data reported here with a fuller accounting of state-by-state child care and prekindergarten expenditures.

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26. See Cost, Quality, and Child Outcomes Study Team in reference 26.

Howes, C.; Smith, E.; & Galinsky, E. (1995). *The Florida Child Care Quality Improvement Study, interim report.* New York, NY: Families and Work Institute.

27. This proliferation of school-based programs for young children has increased the importance of ensuring that the teachers in these programs are trained in developmental practices appropriate to young children. Many states have therefore instituted requirements that these programs be taught by certified early childhood teachers who are specifically trained in early childhood development (as distinct from elementary education). State requirements that teachers must meet to be certified vary, and include specific practica, a certain number of training hours, or appropriate training curricula. The age ranges to which states' certification requirements pertain also vary. For example, some states' certifications pertain specifically to children ages birth to six; others address early care and education in the context of early elementary education (e.g., certifying teachers to work with children ages three to eight). A study in 1988 by Jan McCarthy of Indiana State University, found that 23 states and the District of Columbia offered certification in early childhood education. In 1991 The Center for Career Development in Early Care and Education fine tuned and updated the information, reporting that 10 sites had add-on early childhood endorsement to an elementary education certificate, 15 states had certification that spans prekindergarten and the lower elementary grades, 10 states had specialized prekindergarten certification, and 16 states had no prekindergarten certification or endorsement. Of the states with prekindergarten certification, 15 covered children from ages under one through prekindergarten. A recent article in *Education Week* proclaimed that more states are upgrading licensing requirements for prekindergarten teachers to meet the differing needs of infants, toddlers, and three- to five-year-olds.

McCarthy, J. (1988). State certification of early childhood teachers: An analysis of the 50 states and the District of Columbia. Paper prepared for presentation at the NAEYC Early Childhood Teacher Education Colloquium, held January 25–27 in Miami, Florida.

Morgan, G.; Azer, S. L.; Costley, J. B.; Genser, A.; Goodman, I. F.; Lombardi, J.; & McGimsey, B. (1993). *Making a career of it: The state of the states report on career development in early care and education.* Boston, MA: The Center for Career Development in Early Care and Education, Wheelock College, pp. 165–167.

Miller, L. (1995). States upgrade licensure for pre-K teachers. *Education Week*, September 27, pp. 1, 16.

28. Unfortunately, getting more direct and comprehensive measures of state-by-state investments in young children and families is not possible without a major focused study. To the extent possible, *Map and Track* sought to build on the data provided by the Finance Project in its recently released report: *State investments in education and other children's services: Fiscal profile of the 50 states.* That report identified, on a state-by-state basis, state investments for nine federal programs from 1985–1992 that focus primarily on young children and families. The study did not, however, gather data on state investments for children's services through state programs without any federal match, nor were data available on expenditures by age groups. (See Appendix E for a table of state-by-state data from the Finance Project.)

Gold, S. D.; Ellwood, D. A.; Davis, E. L.; Liebschultz, D.; Ritchie, S.; Cohen, C. E.; & Orland, M. E. (1995). *State investments in education and other children's services: Fiscal profile of the 50 states.* Washington, DC: The Finance Project.

Gold, S. D. & Ellwood, D. (1994). *Spending and revenue for children's programs.* Washington, DC: The Finance Project.

29. As the Wheelock College Center for Career Development in Early Care and Education points out in *Making a career of it*, an ideal comprehensive professional development system would feature a range of elements. These five key elements are: systematic planning; effective quality controls (reflected in licensing and certification); progressive, role-related, articulated training offered at different levels of professional development; recognition and reward systems; and expanded and coordinated financing for all levels of training. As the report argues, "Five elements would create infrastructure support for quality early care and education for children, whether they are in Head Start, schools, or the purchase-of-service system."

See Morgan et. al. in reference 27, pp. 98–101.

30. In some instances, single system efforts that have been described by the states as innovative and potentially important for other states are footnoted, but not consistently.

31. The efforts of the 50 states and the District of Columbia were analyzed. In the District of Columbia, nevertheless, information on special initiatives was not gathered (see state descriptions in Chapter 3 for explanation). U.S. territories, and Puerto Rico, in particular, expressed great interest in being featured. However, the data used to put together the report are not readily available in the same format for the territories. The fiscal relations between the individual territories and the federal government, moreover, are not identical to those between the states and the federal government. As a result, the criterion that special initiatives be state-funded was difficult to apply to the territories' efforts in an equivalent manner.

CHAPTER 2

State Initiatives for Young Children and Families: Overview of Findings

This chapter highlights the activities that, as of fall 1995, the states were undertaking on behalf of young children and families. The findings are organized according to the three major pathways used by the states to concentrate attention on young children and families. The first is through the development of program strategies. The second is through the development of planning and system reform strategies either at the state level or the state and local levels. The third is through launching and sustaining a set of interconnected comprehensive program, planning, and other initiatives that mark a state's priority focus on young children and families.

The chapter concludes with a summary of two somewhat surprising findings: first, the lack of relationships among special initiatives, state status on selected risk factors and selected state investments; and second, the often supportive roles that federal programs have played in facilitating state initiatives. The boxed text illustrates the range of state program, planning, and comprehensive activities. (Please note, the boxes do not include every state engaging in particular activities, nor even states making the most comprehensive efforts; for more details refer to Chapter 3.)

Developing Comprehensive Programs for Young Children and Families

Map and Track provides information on state supported program development initiatives that meet three criteria: (1) there is an intent to implement the program throughout the state; (2) the program approaches supported by the state are comprehensive, addressing multiple child and family needs; and (3) the programs are exclusively, or largely, supported with state dollars.

- ***Overall, three quarters of the states (37) are supporting one or more state-funded, comprehensive program strategies explicitly targeted to young children and their families (see Figure 1).***

- Just over one third of the states (18) have developed program approaches for the youngest population, infants and toddlers (ages birth to three).

  These programs typically take one of three approaches; family resource centers for new, teen or young mothers; home visiting programs for high risk mothers and babies; and parenting education programs (sometimes with special supports for high risk families. (See Figure 1 for a list of states and Box 4 for examples.) The programs vary considerably in the

length of time families are eligible, ranging from six months to six years. Over half the programs serve children ages birth to three. The remainder serve a more limited age range (e.g., children under age one).

- Two-thirds of the states (34) report efforts to develop programs for young children between ages three and six. (See Figure 1 for a list of the states and Box 5 for examples.)

  Most often, these are prekindergarten initiatives. Priority access is for children experiencing some combination of risk factors, and/or communities that have high concentrations of low-income families. The aim is to provide comprehensive services and/or forge community partnerships across different early care and education programs. In a few states such programs are defined more narrowly, focusing only on classroom-based instruction.

- Fourteen states report developing family support programs serving children ages birth to six, either exclusively, or with an explicit focus in the context of family support programs for other age children as well. (See Figure 1 for a list of states and Box 6 for examples.)

  Typically, these programs work primarily with families, providing support and information, as well as connections to other services. Some programs are school-based, others are based in community settings. In a few instances, they are more instructional, providing parent education. (States that use the term "family resource" to describe a community planning, networking initiative are not included here.)

- Seventeen states have developed one set of program strategies for infants and toddlers and another for older preschoolers. (See Figure 1 for a list of the states and Box 7 for examples.)

  This is significant in that it represents a growing awareness that the developmental needs of the infants and toddlers and their families differ from those of preschoolers, and that age sensitive programs require different skills and competencies.

- In most instances, states fund particular program types such as prekindergarten programs targeted to high-risk four-year-olds, or home visiting programs for infants and toddlers. A handful of states have established flexible grant programs, (typically called "school readiness grants"), to enable communities to design and improve their own mix of services and supports for young children and families.

- The level of fiscal commitment to programs for young children and families varies greatly from state to state. For example, annual prekindergarten expenditures range from $800,000 in New Mexico to $3.5 million in Iowa to $85 million in California to $157 million in Georgia. State supplements of Head Start reflect a similar spread; they range from $25,000 in North Dakota to about $6 million in Alaska and Florida to $145 million in Ohio. Although the data do not permit a per capita expenditure comparison, it is clear that population differences explain only some of the variations in funding levels.

Figure 1

Age Focus of States' Program Initiatives for Young Children and Families

States with specific programs for infants and toddlers (ages birth to three)

Arizona	Iowa	Michigan	Rhode Island
Delaware	Kansas	Minnesota	Vermont
Florida	Maine	Ohio	Wisconsin
Georgia	Maryland	Oklahoma	
Illinois	Massachusetts	Oregon	

States with specific programs for preschoolers (ages three to six)

Alaska	Hawaii	Minnesota	South Carolina
Arizona	Illinois	New Hampshire	Texas
Arkansas	Iowa	New Jersey	Vermont
California	Kentucky	New Mexico	Virginia
Colorado	Louisiana	New York	Washington
Connecticut	Maine	Ohio	West Virginia
Delaware	Maryland	Oklahoma	Wisconsin
Florida	Massachusetts	Oregon	
Georgia	Michigan	Rhode Island	

States with family support programs for young children (ages birth to six)

Arizona	Illinois	North Carolina	South Carolina
Colorado	Kentucky	Ohio	Tennessee
Connecticut	Missouri	Oklahoma	
Hawaii	New Hampshire	Pennsylvania	

States with one program development strategy for infants and toddlers and another for preschoolers

Arizona	Iowa	Minnesota	Vermont
Delaware	Maine	Ohio	Wisconsin
Florida	Maryland	Oklahoma	
Georgia	Massachusetts	Oregon	
Illinois	Michigan	Rhode Island	

Box 4

The Earliest Years (birth to three): Examples of State Program Initiatives

Florida — Healthy Start

- Provides prenatal and infant care in community settings to pregnant or parenting women and women with infants up to age one who are at risk for medical or psychosocial problems.
- Offers health and developmental screenings, parent education and counseling, case management, home visits, and referrals to other needed services.
- Operated by community Healthy Start coalitions, which oversee the development of local service systems, leverage other support, conduct community needs assessments, and develop outcome-based plans.

Maryland — Family Support Centers

- Provide drop-in, comprehensive, preventive family support services to all families with children ages birth to three in neighborhoods with high concentrations of teen pregnancy, poverty, low-birthweights, and other high risk factors. Services are targeted to pregnant and parenting teens.
- Seek to integrate their efforts with other state and local human services initiatives.
- Are administered by a public-private partnership (Friends of the Family).

Massachusetts — Family Networks

- Develop family outreach strategies for families with children ages birth to three.
- Are designed and implemented locally by collaboratives of community-based service providers.
- Provide parent education, literacy, home visits, parent support groups, play groups, and links to social and health services.

Missouri — Parents as Teachers (PAT)*

- Offers periodic home visits to provide parent education and child development information, as well as group meetings for families, and referrals to specialized services as needed.
- Is available to parents with children under age three through all school districts.
- Is supervised by the State Board of Education.
- Parent educators must participate in training and become certified.

Vermont — Parent-Child Centers

- Provide family support to all families in the community to prevent child abuse and neglect, with a focus on families with children to age three, and special priority for teen parents and their children as part of the state's welfare reform initiative.
- Offer core services that include child care, home visiting, play groups, crisis interventions, information and referrals to other services, parent education, drop-in services, and community development work.

* Note that in Missouri, PAT serves children ages birth to five. In other states, such as Oklahoma, which is of more recent origin, the focus is only on infants and toddlers.

Box 5

The Preschool Years: Examples of State Program Initiatives

Arkansas — A Better Chance (ABC)

- Offers either classroom-based or in-home learning opportunities (using the HIPPY curriculum in homes) for four-year-olds.
- Is administered by the state's Early Childhood Commission, which links administration, regulation, and quality improvement efforts for both ABC and federal child care subsidies.
- Reaches about ten percent of all Arkansas' four-year-olds.

Georgia — The Governor's Prekindergarten Program

- Provides center, home, or group home child development to at-risk four-year-olds and their families.
- Local programs must have family service coordinators, and children must receive basic health and dental screenings as well as nutritious meals.
- Offers parent-focused services such as literacy or job training, as well as access to specialized services (e.g., mental health, substance abuse, or crisis intervention services).
- Administered by the state Department of Education.
- Now reaches 48,000 children, with the goal of making the program universal for all four-year-olds.

Massachusetts — Community Partnerships for Children

- Provides grants to local partnerships of child care providers, Head Start programs, and schools to develop and implement joint plans to improve and coordinate education, health, and social services for families with young children.
- Mostly targets three- and four-year-olds.
- Must make specific efforts to meet the needs of working parents.
- Must seek accreditation through the National Academy of Early Childhood Programs.
- Currently serves approximately 6,400 children in 106 communities.

New Jersey — Goodstarts Prekindergarten Program

- Provides a comprehensive continuum of services, including early childhood education, child health and nutritional services, extended-day child care, parent education and involvement, and social services.
- Serves three- and four-year-olds with special needs and their families who live in targeted urban school districts with high poverty indexes and large numbers of children lacking basic skills by third grade.
- Is delivered by school districts and community-based early care and education programs.
- Is administered collaboratively by an interagency management team from the Departments of Education and Human Services.
- Serves 2,600 children in nine school districts.

Box 6

Creating Family Support Programs: Examples of State Program Initiatives

Pennsylvania — Family Resource Centers

- Provide one-stop shopping and referrals for early care and education and family support for families with young children.
- Offer direct services such as subsidized child care, parent education and support (especially for families with infants and toddlers), and child health and developmental screenings.
- Must have community boards with representatives from all local health, human services, subsidized child care, job training, Head Start, hospitals, and other agencies.
- Have staff trained in the Parents as Teachers family support program.

Kentucky — Family Resource Centers

- Are school-based integrated service centers in low-income school districts.
- Serve preschool through elementary school children and their families.
- Target young children with the Parent and Child Education Program, which includes a high-quality preschool program for three- and four-year-olds, along with literacy tutoring, adult basic education, and parent support groups.
- Define their own goals based on local needs assessments.
- Receive technical assistance, regulatory relief, and help seeking funding from state staff.

Connecticut — Parent Education and Support Centers

- Provide parent education, family literacy, full-time child care for preschool-age children, school-age child care, family training and support for new parents, and referrals to other community and social services.
- Are available to all local families with children under age 17, but priority is families with young children.
- Give priority for services to parents who are teens, single, low-income, or otherwise at risk.
- Provide technical assistance, consultation, and training for local family child care providers.

Box 7

Respecting Developmental Differences: Examples of State Program Strategies Used for Infants and Toddlers, for Preschoolers, and for Families

Arizona's developmental program strategy includes:

- Healthy Families (for ages birth to three);
- Healthy Start (for ages birth to three);
- Family Literacy (for ages three to six);
- State Prekindergarten Program (for ages three to six).

Colorado's developmental program strategy includes:

- Pilot home visits (for ages birth to three);
- State Prekindergarten Program (for ages three to six);
- Family Support Centers (for ages birth to six).

Florida's developmental program strategy includes:

- Healthy Start programs (for ages birth to three);
- State Prekindergarten Program (for ages three to six);
- A state supplement for Head Start (for ages three to six).

Iowa's developmental program strategy includes:

- The Comprehensive Child Development Program, which offers local programs for infants and toddlers (ages birth to three) as well as for preschoolers (ages three to six).

Minnesota's developmental program strategy includes:

- The Early Childhood and Family Education Program (for ages birth to three);
- Learning Readiness Grants, for locally designed family support or prekindergarten services (for ages three to six);
- A state supplement for Head Start (for ages three to six).

The program development efforts reported by the states and highlighted in the findings and the accompanying boxes underscore four important themes.

First, notwithstanding their names and auspices (programs of varying design and emphasis, for example are often called "Healthy Start"), programs reflect an increasing overlap in the range of strategies used. Single strategy approaches (e.g., only child development services) are giving way to programs that address four core functions: direct programming for the child; strengthening parenting skills; providing parental supports and job training; and offering family support and access to specialized services.

Second, parent education programs are now adding family advocates to help families access other services. Family support programs are adding early intervention specialists knowledgeable about child development. At the same time, programs for infants and toddlers appear to emphasize home visiting, rather than child care related issues, while home and health related components for preschoolers do not seem as central.

Third, the majority of program strategies highlighted here are of relatively recent origin, with rapid increases in state funding. This suggests a growing recognition of the critical importance of the early childhood years by state and community leaders.

Fourth, for the most part, there seems to be very little focus on linking these child/parent focused programs with activities related to welfare reform, nor any clear data on how many children and families have access to these types of programs while parents are seeking to become economically self-sufficient.

Strengthening Systems for Young Children and Families

Complementing the efforts to build comprehensive program models for young children and families have been states' planning and/or system reform efforts. Directly responsive to the administrative and programmatic fragmentation that dismays families with young children and service providers alike, planning initiatives tend to have three overall goals, sometimes pursued separately, sometimes in combination:

- Promoting a more coherent administrative, planning and decision-making capacity across different programs for young children (e.g., Head Start, prekindergarten and child care);
- Facilitating access to other service delivery systems (e.g., health, education, child protective services that also affect the lives of young children and families);[1]
- Creating vehicles to involve a broad range of community voices in setting the agenda for young children and families (e.g., families, the business community and other non-traditional stakeholders).

Map and Track includes information about two different types of planning and system reform efforts; those that focus on broad cross-systems planning, and those that focus primarily on systems building related to early care and education strategies.

Planning and System Reform Efforts

- ***Just under forty percent of the states (19 states), are engaging in broad state-level or state- and community-level planning efforts. Over half of those (11 states) either explicitly target young children and their families or include explicit attention to them in the context of a larger effort on behalf of all children.[2] (See Figure 2.)***
- Five states have primarily state-level planning or system reform strategies. (See Figure 2 for a list of the states and Box 8 for examples.) Of the five, three focus on young children, Colorado exclusively, and Alaska and Rhode Island in the context of a focus on children ages birth to eighteen.[3]
- Fourteen states have both state- and community-level planning initiatives. The extent to which the state- and community-level planning efforts are linked varies; in some states they are closely linked; in others, they are parallel efforts. For those eleven states in which the planning effort is oriented toward children up to age eighteen, three require explicit attention to young children and families; the remainder leave the age focus up to the communities.

Box 8

Building Systems of Services and Supports for Young Children and Families: Examples of State Planning Initiatives

Planning for young children and their families

Ohio

- State and local planning initiatives are linked as part of a larger multi-strategy, comprehensive set of initiatives for young children and families, called Ohio Family and Children First.
- The Family and Children First Cabinet Council and a state management team coordinate the programs and efforts of state agencies that serve young children and families, in addition to guiding and assisting local planning efforts.
- County Family and Children First Councils coordinate and develop health, child development, and social services programs for young children and families, with technical assistance and (in a few selected counties) small planning grants from the state Cabinet Council.
- The state also provides extensive funding for early care and education programs including an extensive state-funded Head Start initiative, family resource centers, and early intervention services for young children at risk of developing disabilities or other special needs.

North Carolina

- State and local planning initiatives are linked as part of a larger multi-strategy, comprehensive set of initiatives for young children and families, called Smart Start.
- The North Carolina Partnership for Children, a state-level public-private partnership, sets statewide benchmarks for young children and families, and makes grants to local Smart Start planning partnerships, which develop and coordinate services for young children and families.
- Community partnerships assess local needs and capacities, and create local plans to integrate health, mental health, social services, and early care and education programs in ways that address the specific needs of young children and families in that community, with the aim of meeting the state benchmarks.
- The state provides Smart Start program funds to support the plans that the community partnerships design.

Florida

- State and local planning initiatives for young children and families are not explicitly connected.
- The State Coordinating Council for Early Childhood Services does strategic planning across the Departments of Education and of Health and Rehabilitative Services to make Florida's early childhood service system more family-centered, community-based, and locally coordinated.
- Early Childhood Collaboration Grants from the Department of Education help local early care and education organizations build collaboration across programs at the county level. The aim is to improve the quality and accessibility of different types of programs. The grants must be used to support collaboration; they cannot be used to support direct services to children.
- Through separate program initiatives, the state provides extensive funding for early care and education and family support programs for young children and families.

Planning for young children and their families as part of initiatives for all children and their families

Indiana

- State and local planning initiatives are linked in a system reform effort aimed to ensure that all children enter school ready to learn.
- A state Cabinet Council and management team provides extensive technical assistance, regulatory relief, and small planning grants to support local planning to develop and coordinate programs for children ages birth to 18 and their families.
- County Step Ahead Councils design strategic plans to coordinate services for children and families that must address, among other issues, "educare" for young children. Many of the Councils have also grown out of, or been integrated with, the local planning councils for Part H, representing a strong commitment to young children and families.
- State funds for program initiatives for children and families are minimal, but the state helps counties pool federal resources, and offers significant training and technical assistance.

Minnesota

- Related state and local planning initiatives work to improve the coordination of services, programs, and agencies for children and their families.
- A state Cabinet Council and interagency technical assistance team provide planning grants, service delivery grants, and technical assistance to support local planning efforts on behalf of children and families.
- Local Family Service Collaboratives assess community needs and design plans to integrate services for children and families, which must include explicit provisions for serving pregnant women and young children ages birth to six. The Collaboratives must include at least one school district, one government agency, one public health organization, and broad community representation.
- The state also funds parent education, early care and education, locally-designed school readiness strategies, and other programs for young children and families.

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Early Care and Education Systems Development

As early care and education programs have developed over the past years, administrative fragmentation has become increasingly problematic. Administrative fragmentation takes many forms: different eligibility criteria for similar programs; cumbersome payment, administrative and reporting procedures; arbitrary funding limits and eligibility criteria that prevent young children from remaining in familiar settings with the same caregivers if family circumstances change (sometimes in relatively small ways); lack of access to family-friendly mental health, substance abuse, and other support services for families; lack of support services for caregivers, including inefficient use of scarce career development resources; and barriers to pooling funds.

In response, a few states have created deliberate mechanisms to integrate different early care and education programs and to create a "seamless" infrastructure for managing these integrated programs. These efforts differ from the cross-system planning efforts highlighted above in two key ways. First, they are all focused at the state level, although the impact may be felt at the community level. Second, the focus is explicitly on creating early care and education systems using such strategies as blended funding, shared program standards, team monitoring across agencies, professional development and sometimes, quality enhancement strategies. (We have not tracked states with efforts in each of these individual areas.[4])

- Five states are developing explicit, cross-system, multi-pronged strategies to reduce fragmentation across different types of early care and education programs (e.g., Head Start, prekindergarten, child care).[5]

  In four of these states (see Figure 2), the catalyst has been a state management team representing different agencies and explicitly charged to build a comprehensive, seamless early care and education system, by addressing issues of standards and funding integration. In another state (Arkansas), one agency is charged with planning for and administering various kinds of early care and education programs for four-year-olds.

Figure 2

Age and Planning Focus of State Planning and System Reform Strategies

States with state-level planning initiatives

Alaska*	Delaware	Rhode Island*	
Colorado**	Pennsylvania		

States with state- and community-level planning initiatives

Arkansas	Kansas	North Carolina**	Washington*
Florida**	Kentucky	Ohio**	West Virginia*
Georgia	Minnesota*	Oregon	
Indiana*	Missouri	Vermont**	

States with early care and education planning***

Arkansas	Ohio	Vermont
Colorado	Oregon	

* Indicates specific provisions for young children and families within an all-ages planning strategy aimed at children up to age eighteen.

** Indicates focus is solely on young children and families.

***See Appendix A for states proposing to implement an early care and education systems development effort.

The strategic planning efforts reported by the states and highlighted in the findings and the accompanying boxes underscore four important themes.

First, as with the program development strategies, many of the broad planning initiatives are of relatively recent origin. As such, experience suggests that it will take time and supports to build the level of collaboration that is crucial to planning/system reform efforts and to effective state and community decision-making.[6]

Second, the approaches that states are inventing to build more coherent systems of services and supports for young children and families vary along a number of dimensions. These include: the mix of public-private representation at the state level; the extent to which planning is targeted to specific age-groups and/or outcomes; the precise mix of agencies and services targeted; the interrelationships among planning, resource development and program design and coordination; and the level of fiscal and technical support available to support the efforts.

Third, the development of systems of early care and education is both a major need and a major challenge.[7] Families who need full-day, year-round child care and education (regardless of the ages of their children) should not have to apply for multiple programs (often in multiple locations). Moreover, families who need access to special supports should not have to deal with multiple caseworkers, and often conflicting approaches. Most importantly, families should not have to move children from familiar surroundings and caregivers if their circumstances change. Yet despite much concern in the early childhood community about administrative and programmatic fragmentation, relatively few states are mobilizing cross-system targeted planning efforts, although a number informally reported that the changing pattern of state and federal responsibility may present some new opportunities.

Fourth, planning strategies can be powerful tools in mobilizing community support for young children and families, in addressing system fragmentation, and in helping to pool fiscal, training, space, and other resources. At the same time, although there are many questions about their long-term impact (e.g., how effective can planning/system reform efforts be without new resources? what are the most effective strategies for engaging families themselves and for ensuring the needs of children and families of color are addressed?), there is very little evaluation.

Creating Comprehensive Initiatives for Young Children and Families

The levels of program and planning activity reported by the states provide one perspective on states activities on behalf of young children and their families. But it is also important to systematically examine how states are using combinations of strategies to forge a vision and to build interconnected initiatives on behalf of young children and families. To that end, drawing on the criteria highlighted in the strategic approaches identified in Chapter 1 Box 3, we have also clustered the states according to the combinations and scope of the initiatives that they are implementing.

- ***Although there is much activity among the states on behalf of young children and their families, relatively few states have developed comprehensive initiatives; much more typical are parallel program and planning efforts without a clear vision and goals. (See Figure 3.)***

- Eight states have developed deliberate, multi-strategy, interconnected, goal-driven efforts to promote the well-being of young children and families: four of the states focus on young children exclusively, four on all children. (See Box 9.)

- Ten states have both program and planning initiatives. In nine of these states, the strategies include targeted programs for young children and planning efforts for all or primarily older children, without any explicit linkages. In one state, both planning and program efforts are targeted to young children but are not linked. These are states that are particularly well positioned to develop more comprehensive initiatives, given proactive leadership and vision.

- Twenty-three states have either program development strategies (21 states) explicitly targeted to young children and families, or planning strategies (two states), but not both. In many of these states, the program development efforts form a base for building more comprehensive, interconnected strategies, drawing together both state and community planning and program development components.

- Five states have developed program or system reform initiatives on behalf of young children facing special risks (including the risks of out-of-home placement, evidence of emotional difficulties, etc.). While these efforts are limited in scope and target population, they provide experience with new service delivery strategies, governance mechanisms, and cross-system collaboration which could be used in creating an initiative for a broader group of young children and families.

- Four states have not developed any special initiatives for young children and families above and beyond what has been required by the federal government.

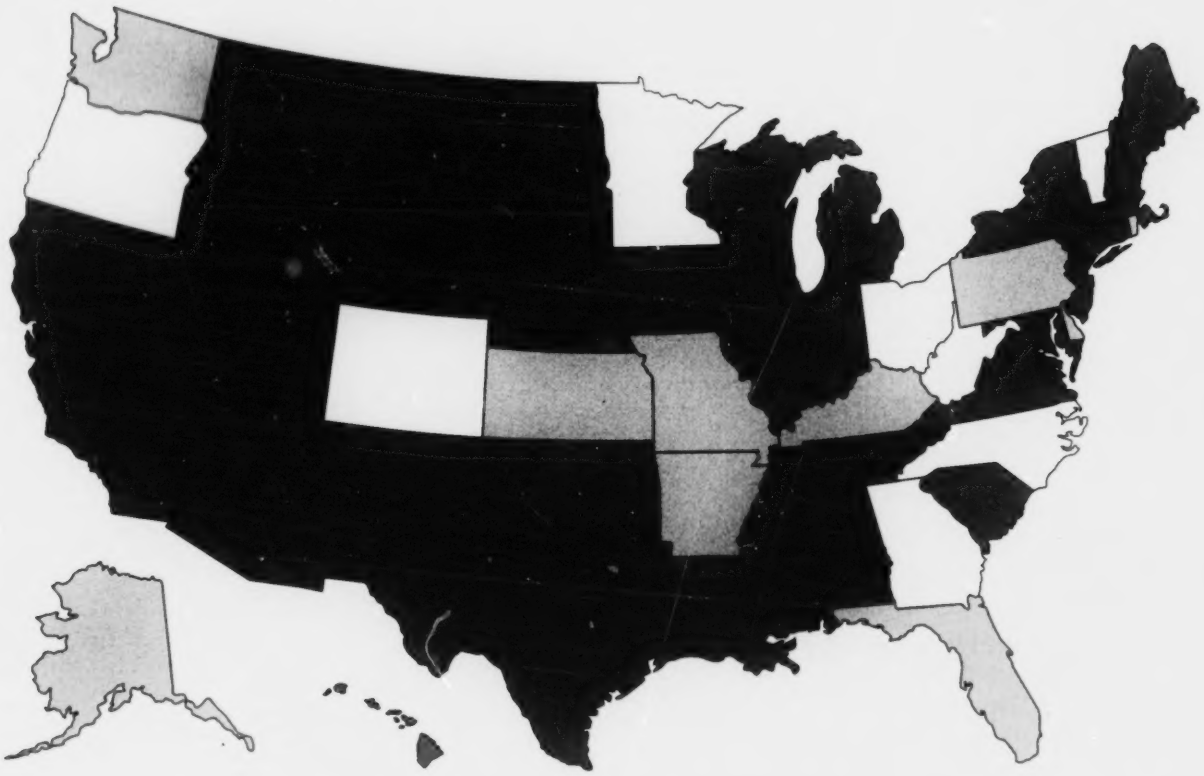
The findings on the extent to which states are using strategic combinations of approaches highlight some important themes.

First, those states that are leading the way in seeding and nurturing comprehensive, connected, cross-system efforts seem to share certain characteristics. All are marked by evidence of:

- A coherent vision and mechanism for ongoing policy and program development with explicit goals appropriate to young children (ages birth to six) and their families;
- High-level, often bi-partisan state leadership;
- Explicit strategies for engaging both the public and private sectors;
- Cross-system planning initiatives at the state level or at the state and community levels, directly linked to program initiatives;
- State-funded program initiatives that respond to the different developmental needs of young children;

Figure 3

State-by-State Strategic Approaches to Supporting Young Children and Families



Strategic Approach 1: States with comprehensive, interconnected sets of initiatives focused on young children and families — Colorado, Georgia, Minnesota, North Carolina, Ohio, Oregon, Vermont, and West Virginia.

Strategic Approach 2: States with parallel program initiatives that specifically target young children and families, and planning initiatives that may or may not target young children and families — Alaska, Arkansas, Delaware, Florida, Kansas, Kentucky, Missouri, Pennsylvania, Rhode Island, Washington.

Strategic Approach 3: States with only program initiatives *or* only planning initiatives for young children and families — Arizona, California, Connecticut, Hawaii, Iowa, Illinois, Indiana, Louisiana, Maine, Maryland, Massachusetts, Michigan, Nebraska, New Hampshire, New Jersey, New Mexico, New York, Oklahoma, South Carolina, Tennessee, Texas, Virginia, Wisconsin.

Strategic Approach 4: States with system reform or cross-cutting, multiservice initiatives for subgroups of children — Alabama, Mississippi, Montana, Nevada, Utah.

Strategic Approach 5: States with very limited, if any, cross-system, multiservice program on planning initiatives beyond those mandated or supported by federal programs — Idaho, North Dakota, South Dakota, Wyoming.

Note: See Box 3 for the characteristics of each strategic approach.

For details, see state descriptions in Chapter 3, as well as "States' Initiatives and Strategic Approaches to Supporting Young Children and Families" summary table (in Appendix A).

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Box 9

State Comprehensive Initiatives on Behalf of Young Children and Their Families

Colorado — First Impressions

- Focuses exclusively on young children and families;
- Seeds new programs, including state-funded prekindergarten, family centers, pilot home visits, and other services;
- Seeks to build an infrastructure for a seamless early care and education system;
- Coordinates the efforts of existing agencies, and develops new programs where appropriate, through a state-level Children's Cabinet.

Georgia — Initiative for Children and Families

- Targets children and their families, with specific program provisions for young children;
- Seeks to coordinate administrative procedures at the state level, and service delivery at the community level, through Family Connections and Community Partnerships planning initiatives;
- Includes a universally-available state-funded prekindergarten program for at-risk four-year-olds, the Healthy Families home visiting program, and other services.

Minnesota — Various planning and program initiatives

- Target children and their families, with explicit program and planning provisions for young children and families;
- Include family education and support, a flexible learning readiness program, a Head Start supplement, and other programs for young children;
- Seek to restructure and coordinate state agencies' efforts through a Children's Cabinet, and bring together the delivery of all services at universal, neighborhood-based family centers through local Family Service Collaboratives.

North Carolina — Smart Start

- Focuses exclusively on young children and families;
- Provides flexible state funding for county planning collaboratives to use as appropriate to enrich the array of services and supports for young children and families;
- Features statewide components such as an immunization campaign, lowering child care staff ratios for infants and toddlers, increasing the number of state staff who monitor and assist child care providers, increasing the child care tax credit on a sliding scale for families earning less than $40,000, scholarships for child care teacher training at community colleges, and a comprehensive community leadership development program for early childhood professionals.

Ohio — Family and Children First

- Focuses on young children and families;
- Includes programs such as state supplemental funding for Head Start, state-funded preschool, neighborhood family resource centers, and an extension of the federal Part H early intervention program to young children and families at risk of developmental disabilities;
- Features explicit planning efforts to build a comprehensive, unified system for all early care and education programs;
- Coordinates agency efforts and develops new programs through a state Family and Children First Cabinet Council, and integrates social, health, and early care and education services at the community level through County Family and Children First Councils.

Oregon — Various program and planning initiatives

- Focus on children and their families, with specific programs targeted to young children;
- Fund a prekindergarten program and Healthy Start sites;
- Feature explicit planning efforts to build a comprehensive, unified system for all early care and education programs;
- Coordinate state and federal policies for services for children and families, establish outcomes for these services, and integrate their delivery, through state and county Commissions on Children and Families.

Vermont — Success by Six

- Targets young children and families exclusively;
- Funds parent-child centers, a prekindergarten program, and other statewide services;
- Coordinates the work of state agencies and staff through the Early Childhood Work Group, and encourages local collaboratives to develop comprehensive community visions and integrated service plans for young children and families.

West Virginia — Various program and planning initiatives

- Focus on children and their families, with explicit planning and program provisions for young children;
- Fund prekindergarten programs;
- Coordinate the efforts of state agencies through a Cabinet on Children and Families (which includes an Early Childhood Implementation Commission), and design integrated service programs in communities through local Family Resource Networks planning consortia.

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- Recognition of the importance of providing information and support to families with young children in family-friendly, culturally respectful ways;
- Statewide coverage or at least the serious intention of expanding statewide.

Second, multi-year, multi-strategy, coherent efforts to enhance outcomes for young children and families, while visible only in a limited number of states are of enormous significance in both a political and a substantive sense. Spearheaded by leadership from both major political parties, they exemplify both how a vision can inform specific policies and practices, and how a "grand" vision can be implemented incrementally over time.

Third, even as these states are at the cutting edge of efforts to improve outcomes for young children and families, they also report facing a number of serious challenges. Of these, the three most critical are: sustaining the momentum for change over time, particularly in the face of changing political leadership and changing federal expectations, programs, and resources; meeting head-on the challenge of "going to scale"—ensuring the initiative affects a sizable number of children and families across the state; and showing concrete impacts for children and families. How states respond to these challenges will determine whether such efforts become embedded in the fabric of the way the states and communities do business, or whether they mark one more flurry of interest and investment in young children and families that dissipates. (See Box 10 for an example of early impacts in one state.)

Fourth, thinking strategically about overall state strategies and goals on behalf of young children and families may enable states that have not mounted comprehensive planning initiatives to enrich what they are doing in order to visibly improve outcomes for young children and families.

Box 10

What Difference Do Comprehensive Initiatives Make? Early Findings from North Carolina

- Between 1993 and 1995, the percentage of AA-licensed child care facilities has increased much more in the pioneer Smart Start counties (25 percent) than in the non-Smart Start counties (17 percent). AA-licensed facilities generally have better staff:child ratios, smaller group sizes, and more educational materials than A-licensed facilities.
- Based on 193 child care visits, child care centers that received more Smart Start services were observed to provide higher quality care than centers that received fewer or no Smart Start services.
- Child care centers that were participating in Smart Start efforts were more likely to have staff participating in Teacher Education and Compensation Helps (T.E.A.C.H.), a program designed to improve the education and compensation of child care teachers, compared to other randomly selected child care centers from the county/region.
- Child care centers that were participating in Smart Start were more likely to offer children meals and speech, language, developmental, and dental screenings than other randomly selected child care centers from the county/region.
- Currently, all 12 pioneer Smart Start counties/region provide Child Care Resource and referral services to help families search for appropriate child care arrangements that meet their individual needs, whereas only 4 of the pioneer counties provided these services in 1993, prior to Smart Start.
- Ten of the 12 pioneer Smart Start counties/regions now have Family Resource Centers that support families by offering multiple services, support, information, and referral in a centralized location. Prior to Smart Start, Family Resource Centers existed in only three of the pioneer counties.
- Pioneer Smart Start counties effectively provided more child care through subsidies to children of low-income families. Pioneer Smart Start counties *reduced* the number of children on the child care subsidy waiting list by 42 percent from 1993 to 1994, compared to a 36 percent *increase* of children on the waiting list in non-pioneer Smart Start counties during the same period.

Source: Smart Start Evaluation Team (1995). *North Carolina's Smart Start Initiative: 1994–95 Annual Evaluation Report*. Raleigh, NC: North Carolina Department of Human Resources.

The Relationship Between State Initiatives and State Indicators for Young Children and Families

State-by-state risk indicators highlight, at least in the aggregate, state levels of need as well as differences among states. However, state indicators of risk are unrelated to the development of special initiatives for young children and families. Our analysis indicates that states with different patterns of risk factors as well as varying levels of basic investment fall into (each of the) clusters that represent different types of strategic approaches. This is important, because it means that the crucial catalyst for action is not concern about risk factors, or basic fiscal commitments, but political will and leadership. For example:

- During 1990–1992, 14 states had Young Child in Poverty Rates (YCPR) that were better than the national average of 24.6 percent. Of these, one state has developed a comprehensive initiative. Thirty states had YCPR rates that were similar to the national average, including six with comprehensive initiatives. Six states (and the District of Columbia) had YCPR that were worse than the national average. Of these, one state has mounted a comprehensive initiative. (See Appendix C, Table 4.)
- Seventeen states have average rates of low birthweight that are better than the national average of 7.1 percent, including three with comprehensive special initiatives. Twenty-three states are at the national average, including two with comprehensive initiatives. Ten states have low birthweight rates that are worse than the national average, including three states with comprehensive initiatives. (See Appendix C, Table 5.)

For a number of risk status indicators, there is a notable geographic clustering. This is particularly true with respect to low birthweights but it is also evident with respect to level of low female education. This has obvious program design and policy priority implications. (See Appendix C, Maps 1–5.)

The picture with respect to indicators of state investments for young children and families, as of fall of 1995, is complicated. Thus, although only four states provided Medicaid to young children living above 185 percent of the poverty level, 31 states either extended Medicaid to children living in families with incomes up to 185 percent of the federal poverty level or funded their own supplemental child health insurance programs (although these varied in scope considerably). Similarly, 32 states were committing state dollars for either prekindergarten programs or to supplement Head Start. Further, almost half of the states required that both child care center staff and family child care providers attend training. Given the cost differential of providing health care or requiring training, these numbers are perhaps not surprising. But they do underscore the challenge states will face in protecting and expanding investments for young children, particularly in child health. (See Appendix D, Maps 6–8.)

The Relationship Between Federal Funds and State Initiatives for Young Children and Families

The state initiatives for young children and families that this report analyzes represent substantial commitments of funds and effort by state policymakers. But it is also clear that federal support for young children and families has facilitated, enhanced, and stimulated states' initiatives in several ways.

First, states are using federal funds as the base for their special initiatives for young children and families. Many states (e.g., Delaware, Florida, Massachusetts, and Michigan) use federal Medicaid funds to pay for the health components of their home visiting initiatives that offer parenting education and prenatal and infant health services. A number of states (such as Washington and Arkansas) use federal Family Preservation and Support Services Act funding to build their community planning initiatives. Other states (such as New York and Tennessee) use Family Preservation and Support Services Act funds to seed community-based home visiting programs modeled on Hawaii's Healthy Start initiative.

Second, federal funds support the development and functioning of key pieces of the infrastructure crucial to a comprehensive system of services for young children and families. For example, many states have been supporting child care resource and referral agencies with the "quality" set-aside portion of the federal Child Care and Development Block Grant (CCDBG), as well as other planning, data collection, coordination and tracking initiatives.[8] This greatly facilitates the planning and coordination of such efforts at the local level.

Third, federal administrative flexibility has enabled states to creatively use federal program funds to support flexible state and local multiservice initiatives for young children and families. New Hampshire, for example, funds its Family Resource and Support child abuse prevention program with a combination of state money and funds from the federal Child Care and Development and Social Services Block Grants. Indiana funds a variety of locally-selected service strategies—most prominently, Healthy Families programs—using various federal funds from the Departments of Justice, Health and Human Services, and other agencies.

Fourth, programs such as Head Start and Part H represent federal funding and program approaches that states can supplement to serve more children or to provide additional services to children already being served (e.g., by extending Head Start, Even Start, and Part H programs; or by combining Head Start and child care funds to provide "wraparound" services. For a list of states that supplement the federal Head Start program, see Table 11 in Appendix D.). Ohio and Massachusetts are examples of states that extend Part H to serve at-risk children. New Jersey is one of a growing number of states that combine child care subsidy funds with federal Head Start funds to offer "extended-day, extended-year, Head Start-like programs." Washington funds a state Even Start family literacy initiative that complements the federal Even Start program. (For further details on how states have used federal funds to support special state initiatives, see the state-by-state descriptions in Chapter 3.)

Lessons and Implications

This chapter synthesizes the rich descriptive information found in Chapter 3, organized to provide an overall accounting of state activity on behalf of young children and their families as of the fall of 1995. As the United States considers major new experiments in social policy, ten lessons and implications from those efforts take on particular significance.

1. Almost three quarters of the states invest state dollars (a small number of them substantial dollars), in programs for young children and their families. That suggests there is widespread recognition across both political affiliation and geographic area of the importance of taking explicit steps to promote the well-being of young children and families. It also indicates that there is a cadre of committed, bi-partisan citizens, service providers, elected and appointed public officials, and business leaders across this country willing to speak for and act on behalf of the United States' youngest and most vulnerable citizens.

2. A growing number of states are acting on the developmentally grounded knowledge that promoting the well-being of young children and families must start at the earliest years, ages birth to three. This is a promising shift from earlier policy efforts that focused primarily on four-year-olds, (although the bulk of states' resources for young children and families still appear to be allocated to preschoolers).

3. As recognition spreads that supporting the development of young children is a complex process, single-strategy program approaches are giving way to more complex and interrelated efforts. The boundaries are blurring to enable programs to nurture parent-child relationships, help families develop parenting and other skills, and improve access to needed basic and specialized services. Equally important, states are developing strategies that enable communities to design their own mix of services and to fill the gaps in systems of services for young children and families. However, relatively little attention appears to have been directed at integrating program development and planning/system reform strategies for young children and their families with welfare reform efforts, which affect many of the same families.

4. The mechanisms for building a strong community voice on behalf of young children and families are expanding. The fact that close to half the states already have significant planning processes for children and families in place—often engaging a broad segment of the community—is important in addressing issues of resource allocation, service delivery, and improved outcomes.

5. Different pathways can lead states toward comprehensive systems of support for young children and families. Those states that have made the most progress share certain characteristics: a coherent vision and mechanism for ongoing policy and program development with explicit goals appropriate to young children and their families; high-level, often bi-partisan state leadership; explicit strategies for engaging both the public

and private sectors; cross-system planning initiatives at the state level or at both the state and community levels, directly linked to program initiatives; state-funded program initiatives that respond to the different developmental needs of young children; recognition of the importance of providing information and support to families with young children in family-friendly, culturally respectful ways; and statewide coverage (or at least the serious intention of expanding statewide).

6. There are unexploited opportunities within each state to further strengthen policies and programs for young children and their families. For some states this will mean initiating targeted programs, for others, linking planning and program development strategies to engage communities more actively in "owning" programs and agendas for young children and families. For states which have not yet focused significant sustained attention on young children and families, there are also clear and effective strategies they can adapt to their own political and cultural contexts and time frames, as well as expert mentors from other states, and national organizations to help and advise in the process.

7. Catalysts for mobilizing efforts on behalf of young children and families vary. Gubernatorial and legislative vision have guided and sustained the most comprehensive initiatives for young children and families. But steady, mid- and high-level management support has also been critical, particularly in internal advocacy and helping programs grow to scale. Federal support too, has often played a vital role in facilitating states' initiatives. Elsewhere, foundation projects have produced the seeds that are now evolving into statewide efforts.[9] States have also used the nationally framed goal of having all children enter school ready to learn as the catalyst for action. In many states, combinations of these catalysts have been critical.

8. Seeding, growing, institutionalizing, and evaluating a carefully crafted, multi-pronged initiative takes a long time. In the most developed special initiatives, there has been multi-year sustained gubernatorial leadership, and/or explicit efforts to transfer commitments from one governor to the next, or from legislators to governors. Most initiatives start small and grow incrementally for years, particularly at the community level.

9. Both state-to-state learning and national technical assistance efforts have been important in spreading strategies and mobilizing commitments. State-to-state learning is particularly visible in the spread of program models (sometimes with support from national groups committed to disseminating program information). The impact of national training and technical assistance is particularly visible in states with the most developed initiatives.[10]

10. Notwithstanding the range and scope of state and community activity across the country, research on impacts remains relatively limited. The kind of service-system research that is emerging in other arenas needs to be adapted and applied to large scale reform efforts for young children and families. Further work is also needed on state indicators in order to capture the reality of the experiences of young children and families with greater richness and accuracy.

All these are promising and important developments. At the same time, *Map and Track* also sounds some troubling notes. Most of the efforts are recent and therefore fragile, not yet well institutionalized. Even in the short time that we have been gathering data, initiatives have been eliminated. In several states, even exemplary initiatives have had dramatic reductions in funding. In addition, while it is popular to argue that federal programs for children and families are restrictive and categorical, in fact, many of the special initiatives that we describe in detail in this report have used federal dollars in creative, supportive ways.

What Can Be Done

The choice is clear. Models, strategies, leadership and opportunities exist. The challenge will be to move forward despite constraints. There is much depending upon it. To that end, we highlight six action steps below that can be taken within states, by families, by providers, by policymakers and by elected officials to sustain the momentum for serious program and policy commitments to young children and their families.

1. Expand and mobilize the cadre of leadership focused on young children and families to ensure that decisionmakers are knowledgeable about both basic state investments and special initiatives for young children and families. There are many ways of doing this: families can speak, state officials can hold briefings, conferences can be organized, and decisionmakers can be invited to programs. What counts is that there be a concerted strategy at the state, regional and national levels.

2. Ensure that solid evaluations are built into program initiatives as well as system reform initiatives. In a time of fiscal constraints, there is an even greater need to know how best to allocate resources, and to know what will pay off most in the long run for young children and their families.

3. Ensure that planning/system reform and program development strategies are linked with welfare reform strategies, since often they focus, at least in part, on the same group of children and families.

4. Build learning networks across the states to ensure that one community can learn from another, and to foster mentoring for emerging leaders. This will help in the effort to sustain a public vision of caring and success for young children and their families.

5. Improve public understanding of how federal dollars for young children and families have been used to foster state innovation and attention to young children, and how they might be so used in the future.

6. Encourage the development of focused media campaigns to sustain the momentum for state and community action to promote the well-being of young children and families, and to increase awareness of the benefits of investing in young children and families.

References

1. For a similar distinction between "within domain" and "cross domain" efforts to integrate services, see Kagan, in Chapter 1, reference 4.

McCart, L. (1992). *Developing innovative programs to support families.* Washington, DC: National Governors' Association.

See also McCart (1993) in Chapter 1, reference 4.

2. Nebraska is seeking to encourage local planning through the leadership of its first lady, but there is no state mechanism in place. Connecticut also has a small pilot planning initiative supported by the state and a foundation. Three school districts are spearheading the planning process. The initial intent had been to enact legislation for a statewide initiative, but its future is now uncertain.

3. Pennsylvania under former Governor Casey focused Cabinet attention only on young children, but this exclusive focus has not been sustained under new leadership.

4. This is so for two reasons. First, *Map and Track's* focus is on comprehensive efforts that involve multiple strategies and multiple systems. Second, a number of national organizations address the specific individual issues that are part of the larger system development framework. For example, the Center for Career Development in Early Care and Education at Wheelock College provides state by state information on states' early care and education professional development strategies. The Children's Defense Fund has provided detailed analyses of states' efforts to develop prekindergarten programs and to invest their own funds in child care subsidies.

See Morgan et al. in Chapter 1, reference 27, pp. 165–167.

See Adams & Sandfort in Chapter 1, reference 6.

5. Another four states (California, Hawaii, Illinois, and Massachusetts) have developed strategic plans and are hoping to enact legislation (or implement other mechanisms) that would help create more integrated early care and education systems.

6. Bruner, C. (1991). *Thinking collaboratively: Ten questions and answers to help policy makers improve children's services.* Washington, DC: Education and Human Services Consortium.

See Bruner & Flintrop in Chapter 1, reference 4.

Kahn, A. J. & Kamerman, S. B. (1992). *Integrating services integration: An overview of initiatives, issues, and possibilities.* New York, NY: National Center for Children in Poverty, Columbia University School of Public Health.

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7. See Schultze & Lopez in Chapter 1, reference 5.

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Mitchell, A.; Cooperstein, E.; & Larner, M. (1992). *Child care choices, consumer education, and low-income families.* New York, NY: National Center for Children in Poverty, Columbia University School of Public Health.

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Siegel, G. L. & Loman, L. A. (1991). *Child care and AFDC recipients in Illinois: Patterns, problems and needs.* St. Louis, MO: Institute of Applied Research.

8. Blank, H. (1993). *Investing in our children's care: An analysis and review of state initiatives to strengthen the quality and build the supply of child care funded through the Child Care and Development Block Grant.* Washington, DC: Children's Defense Fund.

Macro International, Inc. (1994). *Health and safety provisions in state child care regulations and Child Care and Development Block Grant requirements.* Washington, DC: Macro International, Inc.

9. Georgia, for example, can trace the roots of its current Children and Families initiative to earlier foundation efforts. Georgia was one of the states supported by the Annie E. Casey Foundation to develop in one community a "New Futures" project which seeded cross-system collaborative planning on behalf of adolescents. Georgia also benefited from PEW Foundation support for a planning and community building process called Family Connection, and state officials participated in the Family Academies sponsored by the Council of Governors' Policy Advisors. (For more information on the Academies see Nelson, K.; Foster, S.; & Cocozza, J. (1994). *Voices from the field: Lessons from the Family Academy.* Washington, DC: Council of Governors' Policy Advisors.)

10. For example, Washington and Arkansas were among 17 states participating in the Family Academies sponsored from 1989–1992 by the Council of Governors' Policy Advisors. West Virginia and Oregon are involved in the EQUIP Project and Partners in Change projects, conducted respectively by the Families and Work Institute and the Center for Career Development in Early Care and Education at Wheelock College. Ohio and Oregon are participating in the Forging the Link initiative, a collaborative effort of the Child Care Action Campaign and the Council of Chief State School Officers. A number of factors probably combine to reinforce state commitment. Such factors include the selection process itself, the opportunity to step back from day-to-day crises and reflect, the synergy of state-to-state sharing that occurs, and the ideas from outside experts.

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CHAPTER 3

Finding the Patterns: State Profiles

Introduction

Chapter 3 presents a detailed picture of state program, planning, and comprehensive initiatives for young children and families. The chapter has two parts. The first provides a summary profile of each state, highlighting the state's status on risk indicators, on basic investments and on special planning, program or comprehensive initiatives. (See Figures 4 and 5.) Viewed alone, each summary profile provides a snapshot of a state's efforts with respect to young children and families. It may also be helpful in comparing states by region, or along other dimensions of interest.

The second part of the chapter describes each state's efforts on behalf of young children and families in detail. The descriptions are organized to reflect the analytic framework highlighted in Chapter 1. To that end, each description summarizes the strategies, program-related efforts and planning efforts in a particular state. (See Figure 6.) For ease of reading, these summary sentences are in bold text. This should make it possible to get an overall sense of individual state efforts by reading only the bold text, while simultaneously enabling those seeking more in-depth information to "read the fine print." For those wishing further information, Appendix G provides names of people in each state who might be contacted. (We recognize that the contact names may change, but in general the phone numbers will help those interested to make the right connections.)

State-by-State Summaries of Initiatives, Investments, and Risk Indicators

Figure 4

Reader's Guide to the State Summaries

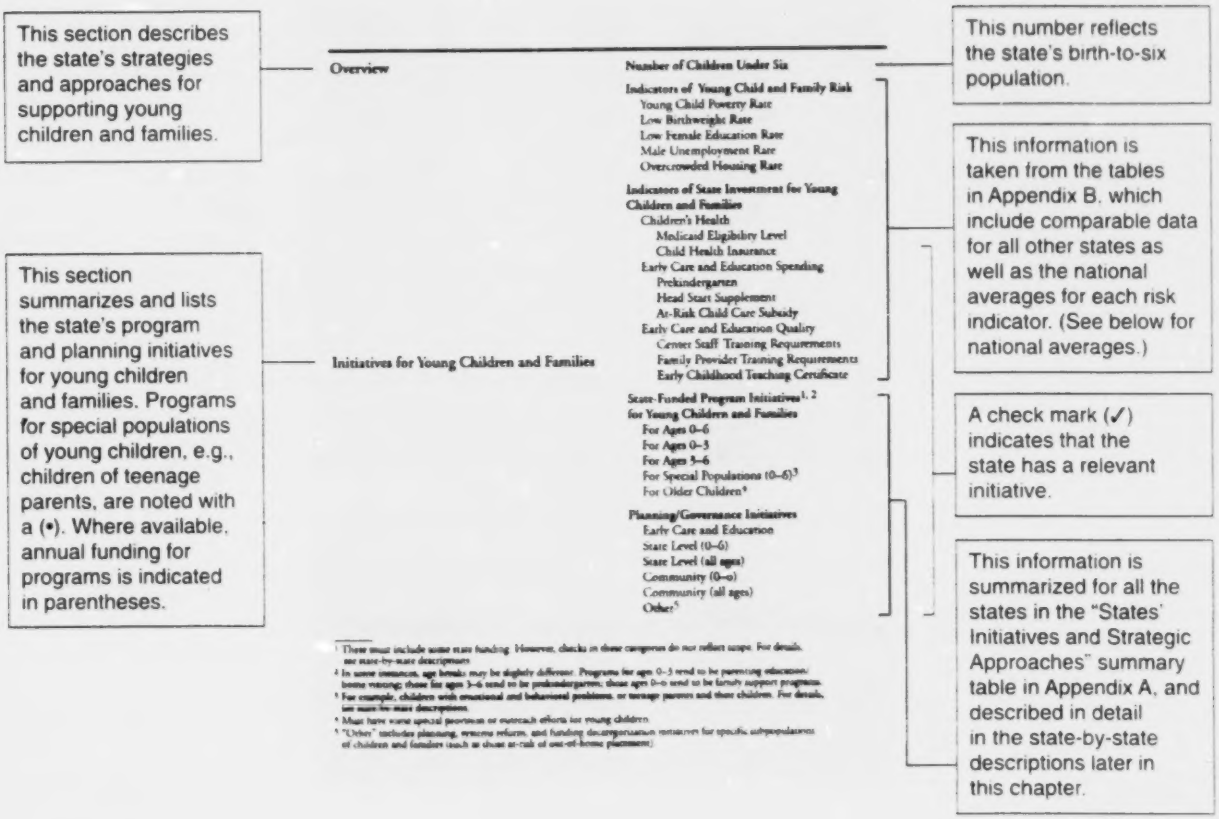
This section describes the state's strategies and approaches for supporting young children and families.
This section summarizes and lists the state's program and planning initiatives for young children and families. Programs for special populations of young children, e.g., children of teenage parents, are noted with a (•). Where available, annual funding for programs is indicated in parentheses.
Overview
Initiatives for Young Children and Families
Number of Children Under Six
Indicators of Young Child and Family Risk
Young Child Poverty Rate
Low Birthweight Rate
Low Female Education Rate
Male Unemployment Rate
Overcrowded Housing Rate
Indicators of State Investment for Young Children and Families
Children's Health
Medicaid Eligibility Level
Child Health Insurance
Early Care and Education Spending
Prekindergarten
Head Start Supplement
At-Risk Child Care Subsidy
Early Care and Education Quality
Center Staff Training Requirements
Family Provider Training Requirements
Early Childhood Teaching Certificate
State-Funded Program Initiatives[1, 2] for Young Children and Families
For Ages 0–6
For Ages 0–3
For Ages 3–6
For Special Populations (0–6)[3]
For Older Children[4]
Planning/Governance Initiatives
Early Care and Education
State Level (0–6)
State Level (all ages)
Community (0–6)
Community (all ages)
Other[5]
This number reflects the state's birth-to-six population.
This information is taken from the tables in Appendix B, which include comparable data for all other states as well as the national averages for each risk indicator. (See below for national averages.)
A check mark (✓) indicates that the state has a relevant initiative.
This information is summarized for all the states in the "States' Initiatives and Strategic Approaches" summary table in Appendix A, and described in detail in the state-by-state descriptions later in this chapter.

Figure 5

National Averages for Young Child and Family Risk Indicators

Indicators of Young Child and Family Risk	National Average
Young Child Poverty Rate	24.6%
Low Birthweight Rate	7.1%
Low Female Education Rate	16.3%
Male Unemployment Rate	8.3%
Overcrowded Housing Rate	13.4%

Note: See Appendices C and D.

56

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ALABAMA

Overview

Alabama has not developed any special initiatives focused explicitly on young children and families.

Initiatives for Young Children and Families

Number of Children Under Six	389,048
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	27.3%
Low Birthweight Rate	8.5%
Low Female Education Rate	21.7%
Male Unemployment Rate	8.7%
Overcrowded Housing Rate	13.4%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	133%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	—
Head Start Supplement	—
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	✓
Early Childhood Teaching Certificate	—
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	—
For Ages 3–6	—
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	✓

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

ALASKA

Overview

Alaska has a state-level planning initiative and a program strategy centered around Head Start.

Initiatives for Young Children and Families

Programs

Alaska's program strategy involves building on Head Start.

- Head Start Supplement ($6 million)

Planning

Alaska is in the process of developing and implementing a state-level planning effort that includes a specific focus on young children and families.

- Children's Cabinet
- Interagency Committee for Young Children

Number of Children Under Six	62,480
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	17.1%
Low Birthweight Rate	4.9%
Low Female Education Rate	10.7%
Male Unemployment Rate	10.1%
Overcrowded Housing Rate	19.9%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	133%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	—
Head Start Supplement	✓
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	✓
Early Childhood Teaching Certificate	—
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	—
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	✓
State Level (all ages)	✓
Community (0–6)	—
Community (all ages)	—
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

ARIZONA

Overview

Arizona's program initiatives focus on a preschool program and three preventive family support initiatives enacted in the 1995 Children and Families Stability Act.

Initiatives for Young Children and Families

Programs

Arizona funds an enhanced prekindergarten program and three pilot family support programs.

- Prekindergarten ($12.5 million)
- Healthy Families Pilot ($3.6 million)
- Healthy Start Pilot ($1.6 million)
- Family Literacy Pilot ($1 million)

Number of Children Under Six	337,904
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	21.5%
Low Birthweight Rate	6.4%
Low Female Education Rate	14.9%
Male Unemployment Rate	7.0%
Overcrowded Housing Rate	25.3%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	140%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	—
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	D
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	✓
For Ages 0–3	✓
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

D For children with disabilities only.

ARKANSAS

Overview

Arkansas supports an enhanced, flexible prekindergarten program linked with an early care and education planning and management process. Arkansas also has a state and community planning initiative for all children and families.

Initiatives for Young Children and Families

Programs

Arkansas Better Chance (ABC) offers home- or classroom-based programs for Arkansas children ages four and five.

- Arkansas Better Chance (Prekindergarten) ($10 million)

Planning

Through the Early Childhood Commission, which administers ABC, the state is building an early care and education infrastructure that cuts across state agencies, including the Department of Education, the Department of Human Services, and Head Start to support funding integration, professional development, and program quality.

- Partnerships Council
- Intervention/Prevention Initiative
- Early Childhood Commission

Number of Children Under Six	215,188
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	29.9%
Low Birthweight Rate	8.2%
Low Female Education Rate	18.8%
Male Unemployment Rate	7.3%
Overcrowded Housing Rate	16.1%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	133%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	—
At-Risk Child Care Subsidy	—
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	—
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	—
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	✓
State Level (0–6)	—
State Level (all ages)	✓
Community (0–6)	—
Community (all ages)	✓
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

CALIFORNIA

Overview

California funds half- and full-day child development services extensively throughout the state. Further, California invests in several innovative school- and community-based system reform initiatives that could directly benefit young children and families.

Initiatives for Young Children and Families

Programs

California continues to expand its extensive network of school-linked prekindergarten and subsidized child care programs. It also funds family support programs for teenage parents and their children.

- State Preschool and Subsidized Child Care ($400 million)
- (•) Adolescent and Family Life Program/Cal-Learn ($100 million)
- (•) School-Age Parent and Infant Development Program ($7.4 million)

Planning

Legislation is now being drafted to streamline and integrate California's early care and education efforts.

Number of Children Under Six	3,187,761
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	25.6%
Low Birthweight Rate	5.9%
Low Female Education Rate	20.4%
Male Unemployment Rate	9.5%
Overcrowded Housing Rate	34.5%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	250%
Child Health Insurance	✓
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	—
At-Risk Child Care Subsidy	—
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	✓
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	—
For Ages 3–6	✓
For Special Populations (0–6)[3]	✓
For Older Children[4]	✓
Planning/Governance Initiatives	
Early Care and Education	•
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	✓

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

• Indicates that a proposal for a comprehensive early care and education system is being developed, which may or may not get implemented.

COLORADO

Overview

Colorado's First Impressions is a comprehensive initiative with linked planning and program components. It has seeded new programs for young children, created an infrastructure to build a seamless early care and education system, and built a state-level interagency planning process. Its most recent components focus on children ages birth to three.

Initiatives for Young Children and Families

Programs

First Impressions' program components include an enhanced prekindergarten program, family centers, and most recently pilot efforts to test home visiting models for very young children.

- Prekindergarten Program ($12 million)
- Family Center ($900,000)
- Bright Beginnings (pilot home visits)

Planning

There is strong leadership for the initiative marked by cross-agency planning within state government, including a Children's Cabinet, an ongoing early care and education planning and management process among relevant state agencies.

- Children's Cabinet
- Early Childhood Management Team

Number of Children Under Six	332,552
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	24.0%
Low Birthweight Rate	8.5%
Low Female Education Rate	9.7%
Male Unemployment Rate	6.9%
Overcrowded Housing Rate	9.1%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	133%
Child Health Insurance	✓
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	—
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	✓
Early Childhood Teaching Certificate	✓
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	✓
For Ages 0–3	—
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	✓
State Level (0–6)	✓
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

CONNECTICUT

Overview

Connecticut is supporting a program development strategy.

Initiatives for Young Children and Families

Programs

Connecticut funds two program strategies: the development of school linked Parent Education and Support Centers that have a special mandate to serve young children and families, and linked Head Start and child care services.

- Extended-Day, Extended-Year Head Start ($4.1 million)
- Parent Education and Support Centers ($1 million)

Number of Children Under Six	323,702
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	20.1%
Low Birthweight Rate	6.9%
Low Female Education Rate	10.6%
Male Unemployment Rate	8.4%
Overcrowded Housing Rate	9.1%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	185%
Child Health Insurance	✓
Early Care and Education Spending	
Prekindergarten	—
Head Start Supplement	✓
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	✓
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	✓
For Ages 0–3	—
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

DELAWARE

Overview

Delaware has established a Family Services Cabinet Council to improve service delivery for all families and is expanding programs similar to Head Start for four-year-olds.

Initiatives for Young Children and Families

Programs

The state is expanding programs based on the Head-Start approach and linking and expanding parent education programs.

- Head Start Supplement ($1.8 million)
- Parent Education/Home Visits ($300,000)

Planning

A state-level Cabinet Council and community partnerships develop and coordinate programs across systems for children and families.

- Family Services Cabinet Council

Number of Children Under Six	59,838
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	10.1%
Low Birthweight Rate	7.6%
Low Female Education Rate	14.4%
Male Unemployment Rate	7.9%
Overcrowded Housing Rate	8.1%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	185%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	—
Head Start Supplement	—
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	✓
Early Childhood Teaching Certificate	✓
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	✓
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	✓
Community (0–6)	—
Community (all ages)	—
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

DISTRICT OF COLUMBIA

Overview

The District of Columbia has developed several site-specific multi-service programs and cross-system planning efforts for young children and families, but its current fiscal situation is so dire that continued city funding for these initiatives is uncertain. Therefore, Washington, DC is not described in the same fashion as the other states and its initiatives are not summarized here.

Number of Children Under Six	51,433
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	35.8%
Low Birthweight Rate	14.3%
Low Female Education Rate	18.1%
Male Unemployment Rate	10.5%
Overcrowded Housing Rate	31.1%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	185%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	✓
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	✓

FLORIDA

Overview

Florida has developed program initiatives for both infants and preschoolers, along with separate state- and community-level planning initiatives.

Initiatives for Young Children and Families

Programs

Florida funds an enhanced prekindergarten program and a Healthy Start program for infants.

- Prekindergarten ($94 million)
- Healthy Start ($46.5 million)
- Head Start Supplement ($6 million)

Planning

Florida has two separate planning initiatives, one state-level and one community-level.

- State Coordinating Council for Early Childhood Services
- Early Childhood Collaboration Grants

Number of Children Under Six	1,134,283
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	27.4%
Low Birthweight Rate	7.4%
Low Female Education Rate	16.3%
Male Unemployment Rate	7.6%
Overcrowded Housing Rate	19.8%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	185%
Child Health Insurance	✓
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	✓
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	✓
Early Childhood Teaching Certificate	✓
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	✓
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	✓
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	✓
State Level (all ages)	—
Community (0–6)	✓
Community (all ages)	—
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

GEORGIA

Overview

Georgia's Initiative for Children and Families, targeted to all children and families, has explicit, linked, program and planning strategies. Georgia also has a rapidly expanding enhanced prekindergarten initiative.

Initiatives for Young Children and Families

Programs

Georgia recently initiated and expanded an enhanced prekindergarten program for four-year-olds. The state also funds a network of 11 Healthy Family sites around the state.

- Prekindergarten Program ($157 million)
- Healthy Families ($700,000)

Planning

A state-level Policy Council and Community Partnerships collaborate and plan strategically to integrate and improve services for children and families.

- Policy Council on Children and Families
- Community Partnerships

Number of Children Under Six	582,571
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	25.2%
Low Birthweight Rate	8.5%
Low Female Education Rate	20.8%
Male Unemployment Rate	8.4%
Overcrowded Housing Rate	13.7%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	185%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	—
At-Risk Child Care Subsidy	—
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	✓
Early Childhood Teaching Certificate	✓
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	✓
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	✓
Community (0–6)	—
Community (all ages)	✓
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

HAWAII

Overview

Hawaii funds a network of family support programs targeted explicitly to young children and an early care and education planning effort.

Initiatives for Young Children and Families

Programs

Hawaii has developed and funded a nationally recognized and frequently replicated network of Healthy Start family support programs. State funding for the program expanded until quite recently. The state also supplements the federal Head Start program.

- Healthy Start/Family Support Program ($6 million)
- Head Start Supplement ($530,000)

Planning

A planning process to build a comprehensive early care and education system awaits legislative action.

Number of Children Under Six	111,222
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	19.0%
Low Birthweight Rate	7.2%
Low Female Education Rate	9.9%
Male Unemployment Rate	3.2%
Overcrowded Housing Rate	37.2%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	185%
Child Health Insurance	✓
Early Care and Education Spending	
Prekindergarten	—
Head Start Supplement	✓
At-Risk Child Care Subsidy	—
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	✓
Early Childhood Teaching Certificate	—
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	✓
For Ages 0–3	—
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	*
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

* Indicates that a proposal for a comprehensive early care and education system is being developed, which may or may not get implemented.

IDAHO

Overview

Idaho does not fund any special initiatives focused explicitly on young children and families.

Initiatives for Young Children and Families

Number of Children Under Six	100,574
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	20.6%
Low Birthweight Rate	5.5%
Low Female Education Rate	15.8%
Male Unemployment Rate	7.8%
Overcrowded Housing Rate	12.7%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	133%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	—
Head Start Supplement	—
At-Risk Child Care Subsidy	—
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	—
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	—
For Ages 3–6	—
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

ILLINOIS

Overview

Illinois supports several different program strategies for young children and families.

Initiatives for Young Children and Families

Programs

Illinois funds a prekindergarten program, two types of family support programs for young children and families, and a small Head Start supplement.

- Model Parent Training Program ($3.9 million)
- Illinois Prevention Initiative ($2 million)
- Head Start Supplement ($500,000)
- Prekindergarten ($101 million)

Planning

A plan for developing and financing a comprehensive early care and education system has been developed, but implementation depends upon legislative action.

Number of Children Under Six	1,130,898
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	26.7%
Low Birthweight Rate	7.7%
Low Female Education Rate	15.5%
Male Unemployment Rate	9.3%
Overcrowded Housing Rate	13.8%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	133%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	✓
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	—
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	✓
For Ages 0–3	✓
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	*
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

* Indicates that a proposal for a comprehensive early care and education system is being developed, which may or may not get implemented.

INDIANA

Overview

Indiana has linked state and community planning initiatives for all children and families that include explicit attention to young children and families.

Initiatives for Young Children and Families

Planning

The Step Ahead initiative is intended to restructure state services and foster community planning to create collaborative, comprehensive, county-designed service systems for children ages birth to 13.

- Step Ahead

Number of Children Under Six	504,632
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	27.2%
Low Birthweight Rate	6.7%
Low Female Education Rate	16.8%
Male Unemployment Rate	6.9%
Overcrowded Housing Rate	8.8%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	150%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	—
Head Start Supplement	—
At-Risk Child Care Subsidy	—
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	✓
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	—
For Ages 3–6	—
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	✓
Community (0–6)	✓
Community (all ages)	✓
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

IOWA

Overview

Iowa has developed a comprehensive child development program approach for children ages birth to six.

Initiatives for Young Children and Families

Programs

Iowa funds two home-based initiatives for very young children, as well as a center-based early care and education program for preschoolers.

- Comprehensive Child Development Programs ($7.2 million)
- Family Resource Centers ($3 million)
- Healthy Start ($335,000)

Number of Children Under Six	262,301
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	16.4%
Low Birthweight Rate	5.7%
Low Female Education Rate	10.9%
Male Unemployment Rate	5.9%
Overcrowded Housing Rate	5.8%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	185%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	—
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	✓
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	✓
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	✓
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	✓

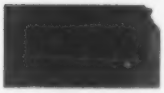
[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).



KANSAS

Overview

Kansas funds family support programs for families with very young children, and has a state and community planning initiative on behalf of children of all ages, using a public-private partnership model.

Initiatives for Young Children and Families

Programs

Kansas funds two family support programs for families with infants and toddlers, one based on Missouri's Parents as Teachers, the other on Hawaii's Healthy Start.

- Healthy Start ($850,000)
- Kansas Parenting Program ($2.75 million)

Planning

Kansas has linked state and community planning initiatives for children and families. Communities have wide leeway to identify the focus of their efforts.

- Corporation for Change
- Blueprint Councils

Number of Children Under Six	253,842
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	19.2%
Low Birthweight Rate	6.4%
Low Female Education Rate	8.9%
Male Unemployment Rate	4.6%
Overcrowded Housing Rate	9.0%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	150%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	—
Head Start Supplement	—
At-Risk Child Care Subsidy	—
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	✓
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	✓
For Ages 3–6	—
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	✓
Community (0–6)	—
Community (all ages)	✓
Other[5]	✓

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

KENTUCKY

Overview

Kentucky has several parallel program and planning initiatives: school-linked Family Resource Centers that have specific program components for young children, an enhanced prekindergarten program, and new state and community planning efforts for children of all ages.

Initiatives for Young Children and Families

Programs

The major program initiative targeted explicitly and exclusively to young children is the state's enhanced prekindergarten program.

- Prekindergarten Program ($37 million)
- Family Resource/Youth Service Centers ($36 million)

Planning

Kentucky's new Commission on Children and Families serves as a vehicle for planning and coordination across state agencies, and supports collaborative planning among service providers in selected counties.

- Commission on Children and Families
- County Collaboratives

Number of Children Under Six	283,885
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	39.5%
Low Birthweight Rate	6.8%
Low Female Education Rate	20.8%
Male Unemployment Rate	7.2%
Overcrowded Housing Rate	9.5%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	185%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	—
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	—
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	—
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	✓
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	✓
Community (0–6)	—
Community (all ages)	✓
Other[5]	✓

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

LOUISIANA

Overview

Louisiana funds a prekindergarten program for young children.

Initiatives for Young Children and Families

Programs

Louisiana's prekindergarten program serves at-risk, low-income four-year-olds.

- Model Early Childhood Program (Prekindergarten—$3.5 million)

Number of Children Under Six	399,004
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	39.3%
Low Birthweight Rate	9.4%
Low Female Education Rate	20.3%
Male Unemployment Rate	6.9%
Overcrowded Housing Rate	19.6%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	133%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	—
At-Risk Child Care Subsidy	—
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	✓
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	—
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	✓

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

MAINE

Overview

Maine funds several program initiatives for young children.

Initiatives for Young Children and Families

Programs

Maine's program strategy for preschoolers builds on Head Start. In addition, the state is expanding an existing health-based home visiting program to make it more like Healthy Start.

- Head Start Supplement ($2.5 million)
- Healthy Start/Family Support Pilot ($560,000)

Number of Children Under Six	99,745
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	28.3%
Low Birthweight Rate	5.0%
Low Female Education Rate	12.2%
Male Unemployment Rate	11.3%
Overcrowded Housing Rate	5.9%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	185%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	✓
At-Risk Child Care Subsidy	—
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	—
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	✓
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

MARYLAND

Overview

Maryland funds two types of programs for young children and families.

Initiatives for Young Children and Families

Programs

Maryland supports a network of family support centers for very young children and their families, as well as a prekindergarten program targeted to young children in high risk communities.

- Extended Elementary Program ($11.6 million)
- Family Support Centers ($3.8 million)

Number of Children Under Six	488,341
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	15.9%
Low Birthweight Rate	8.3%
Low Female Education Rate	13.2%
Male Unemployment Rate	7.5%
Overcrowded Housing Rate	9.1%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	185%
Child Health Insurance	✓
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	—
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	✓
Early Childhood Teaching Certificate	—
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	✓
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	•
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	✓

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

• Indicates that a proposal for a comprehensive early care and education system is being developed, which may or may not get implemented.

MASSACHUSETTS

Overview

Massachusetts has developed several program initiatives for young children and families, including an enhanced prekindergarten program that encourages partnerships among Head Start, child care providers, and the public schools.

Initiatives for Young Children and Families

Programs

Massachusetts has a flexible prekindergarten initiative designed to foster connections across all early care and education settings. In addition, some statewide programming is emerging to support families with infants and toddlers.

- Community Partnerships for Children (Prekindergarten) ($24.3 million)
- Massachusetts Family Network ($1.4 million)
- Pregnant and Parenting Support Program ($1.8 million)
- Extended Early Intervention ($18.2 million)
- Head Start Supplement ($6 million)

Planning

A plan for a comprehensive early care and education system has been proposed but awaits legislative action.

Number of Children Under Six	472,468
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	20.4%
Low Birthweight Rate	6.0%
Low Female Education Rate	11.9%
Male Unemployment Rate	11.4%
Overcrowded Housing Rate	8.3%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	185%
Child Health Insurance	✓
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	✓
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	✓
Early Childhood Teaching Certificate	—
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	✓
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	•
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

• Indicates that a proposal for a comprehensive early care and education system is being developed, which may or may not get implemented.

MICHIGAN

Overview

Michigan funds a prekindergarten program and a network of programs for pregnant women and infants.

Initiatives for Young Children and Families

Programs

Michigan's prekindergarten initiative serves four-year-olds and requires local advisory boards. The state supplements federal funds for maternal and infant support services, and for many years has been developing a network of infant mental health programs.

- Prekindergarten Program ($63.2 million)
- Maternal and Infant Support Services ($5.1 million)

(•) Infant Mental Health Services ($3 million)

Number of Children Under Six	848,443
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	27.1%
Low Birthweight Rate	7.5%
Low Female Education Rate	14.6%
Male Unemployment Rate	10.7%
Overcrowded Housing Rate	9.3%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	185%
Child Health Insurance	✓
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	—
At-Risk Child Care Subsidy	—
Early Care and Education Quality	
Center Staff Training Requirements	—
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	✓
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	✓
For Ages 3–6	✓
For Special Populations (0–6)[3]	✓
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	✓

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

MINNESOTA

Overview

Minnesota has a linked set of state and community planning strategies for all children and families, coupled with explicit program strategies for young children and families.

Initiatives for Young Children and Families

Programs

Minnesota has a set of almost universally available programs for children ages birth to three and for those ages three to five. The effort has grown steadily.

- Learning Readiness ($9.5 million)
- Early Childhood and Family Education ($30 million)
- Head Start Supplement ($6.5 million)

Planning

Minnesota's planning efforts target all children and families, with explicit provisions for young children. They encompass a state-level planning effort to streamline state agencies and disseminate outcome indicators, as well as a community-level planning and governance initiative.

- Minnesota Milestones
- Children's Cabinet
- Family Services Collaborative Grants
- Children's Interagency Technical Assistance Team

Number of Children Under Six	378,513
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	26.3%
Low Birthweight Rate	5.2%
Low Female Education Rate	7.2%
Male Unemployment Rate	7.3%
Overcrowded Housing Rate	7.1%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	275%
Child Health Insurance	✓
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	✓
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	✓
Early Childhood Teaching Certificate	✓
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	✓
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	✓
Community (0–6)	—
Community (all ages)	✓
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

MISSISSIPPI

Overview

Mississippi funds some programs for special populations of young children and families.

Initiatives for Young Children and Families

Programs

Mississippi has developed program initiatives for special populations within the early childhood population, providing funds to communities for child abuse prevention and early childhood mental health programs.

(•) Children's First Fund ($300,000)

(•) Early Childhood Mental Health Programs ($100,000)

Number of Children Under Six	269,908
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	39.0%
Low Birthweight Rate	9.9%
Low Female Education Rate	21.5%
Male Unemployment Rate	6.9%
Overcrowded Housing Rate	20.9%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	185%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	—
Head Start Supplement	—
At-Risk Child Care Subsidy	—
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	—
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	—
For Ages 3–6	—
For Special Populations (0–6)[3]	✓
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

MISSOURI

Overview

Missouri has a statewide parent education program for families with young children, as well as public-private state and community planning initiatives for children of all ages and their families.

Initiatives for Young Children and Families

Programs

The core state-funded program for young children ages birth to six in Missouri is Parents as Teachers, a model that many other states and communities have replicated.

- Parents as Teachers ($15 million)

Planning

Missouri's Family Investment Trust is a statewide public-private partnership created to foster community planning for school-linked services integration.

- Family Investment Trust
- Caring Communities

Number of Children Under Six	458,731
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	26.8%
Low Birthweight Rate	7.3%
Low Female Education Rate	14.6%
Male Unemployment Rate	7.5%
Overcrowded Housing Rate	9.2%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	185%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	—
Head Start Supplement	—
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	✓
Early Childhood Teaching Certificate	—
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	✓
For Ages 0–3	—
For Ages 3–6	—
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	✓
Community (0–6)	—
Community (all ages)	✓
Other[5]	—

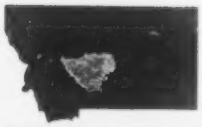
[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).



MONTANA

Overview

Montana funds comprehensive family support programs to prevent child abuse.

Initiatives for Young Children and Families

Programs

The Partnership to Strengthen Families provides comprehensive services to families at risk of child abuse.

(•) Partnership to Strengthen Families ($1.3 million)

Number of Children Under Six	77,169
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	28.7%
Low Birthweight Rate	6.0%
Low Female Education Rate	12.3%
Male Unemployment Rate	9.2%
Overcrowded Housing Rate	10.2%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	133%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	—
Head Start Supplement	—
At-Risk Child Care Subsidy	—
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	—
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	—
For Ages 3–6	—
For Special Populations (0–6)[3]	✓
For Older Children[4]	✓
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	—

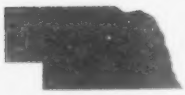
[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).



NEBRASKA

Overview

Nebraska has begun a new community planning initiative targeted specifically to young children ages birth to six and their families.

Initiatives for Young Children and Families

Planning

The state encourages communities to plan collaboratively to improve outcomes for young children and families.

- Good Beginnings

Number of Children Under Six	153,046
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	17.0%
Low Birthweight Rate	5.6%
Low Female Education Rate	6.8%
Male Unemployment Rate	2.7%
Overcrowded Housing Rate	6.0%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	133%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	—
Head Start Supplement	—
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	—
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	—
For Ages 3–6	—
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	✓
Community (all ages)	—
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

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NEVADA

Overview

Nevada has a unique state program focused on young children with special behavioral, emotional and developmental needs.

Initiatives for Young Children and Families

Programs

Nevada has an early childhood services agency providing family supportive mental health and developmental services.

(•) Early Childhood Services ($800,000)

(•) Integrated Developmental and Mental Health Services ($3 million)

Number of Children Under Six	119,078
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	17.7%
Low Birthweight Rate	7.1%
Low Female Education Rate	15.2%
Male Unemployment Rate	7.1%
Overcrowded Housing Rate	20.3%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	133%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	—
Head Start Supplement	—
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	✓
Early Childhood Teaching Certificate	—
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	—
For Ages 3–6	—
For Special Populations (0–6)[3]	✓
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

NEW HAMPSHIRE

Overview

New Hampshire has developed two program approaches, one to prevent child abuse and one to cross-train agency staff to work with young children. It also provides a small Head Start supplement.

Initiatives for Young Children and Families

Programs

New Hampshire funds community-based and in-home services to families in need of services and at risk of child abuse or neglect, offers a small supplement to federal Head Start grantees, and provides interdisciplinary training for the staff of state and community-based agencies that serve young children.

- Family Resource and Support Programs ($1 million)
- Head Start Supplement ($200,000)
- Accessing Developmental and Psychological Training Program

Number of Children Under Six	93,062
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	11.2%
Low Birthweight Rate	5.3%
Low Female Education Rate	9.8%
Male Unemployment Rate	10.0%
Overcrowded Housing Rate	6.2%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	185%
Child Health Insurance	✓
Early Care and Education Spending	
Prekindergarten	—
Head Start Supplement	✓
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	—
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	—
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	✓
For Ages 0–3	—
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	✓
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

NEW JERSEY

Overview

New Jersey funds an enhanced prekindergarten program in urban school districts with high poverty rates. It also has several cross-agency initiatives for older children that currently do not explicitly address the needs of young children.

Initiatives for Young Children and Families

Programs

New Jersey has an enhanced prekindergarten program for urban three- and four-year-olds, and uses state funds to support extended-day services similar to those of Head Start.

- Goodstarts Preschool Program ($8 million)
- Head Start-Like Extended-Day Services ($1.4 million)

Number of Children Under Six	695,110
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	17.3%
Low Birthweight Rate	7.2%
Low Female Education Rate	13.9%
Male Unemployment Rate	9.3%
Overcrowded Housing Rate	12.2%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	185%
Child Health Insurance	✓
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	—
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	—
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	—
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	✓
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

NEW MEXICO

Overview

New Mexico has a small enhanced prekindergarten initiative.

Initiatives for Young Children and Families

Programs

The state funds an enhanced, flexible pre-kindergarten program, as well as a network of comprehensive family support programs for teenage parents and their children

- Comprehensive Child Development Program ($800,000)

(•) Grads Program ($235,000)

Number of Children Under Six	144,005
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	33.1%
Low Birthweight Rate	7.2%
Low Female Education Rate	19.0%
Male Unemployment Rate	8.5%
Overcrowded Housing Rate	24.0%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	185%
Child Health Insurance	✓
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	—
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	✓
Early Childhood Teaching Certificate	✓
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	—
For Ages 3–6	✓
For Special Populations (0–6)[3]	✓
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

NEW YORK

Overview

New York has a scattered set of program initiatives that partially serve various populations of young children.

Initiatives for Young Children and Families

Programs

New York funds a prekindergarten program and a small parent education program.

- Prekindergarten Program ($52 million)
- Parent Education Grants ($500,000)

Number of Children Under Six	1,640,000
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	27.3%
Low Birthweight Rate	7.6%
Low Female Education Rate	16.8%
Male Unemployment Rate	8.5%
Overcrowded Housing Rate	19.4%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	185%
Child Health Insurance	✓
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	—
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	✓
Early Childhood Teaching Certificate	—
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	—
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

NORTH CAROLINA

Overview

North Carolina's Smart Start is a comprehensive state and local planning initiative to develop and coordinate programs targeted exclusively to young children and families.

Initiatives for Young Children and Families

Programs

The state provides flexible dollars for county Smart Start partnerships to enrich the array of services and supports for young children and families. The state also funds a complementary network of Family Resource Centers.

- Smart Start ($68 million)
- Family Resource Center ($2 million)

Planning

State- and community-level public-private planning is integral to Smart Start.

Number of Children Under Six	577,891
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	23.9%
Low Birthweight Rate	8.4%
Low Female Education Rate	18.9%
Male Unemployment Rate	6.2%
Overcrowded Housing Rate	11.1%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	185%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	—
Head Start Supplement	—
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	✓
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	✓
For Ages 0–3	—
For Ages 3–6	—
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	✓
State Level (all ages)	—
Community (0–6)	✓
Community (all ages)	—
Other[5]	—

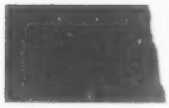
[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).



NORTH DAKOTA

Overview

North Dakota has not developed any special initiatives focused explicitly on young children and families.

Number of Children Under Six	47,792
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	19.0%
Low Birthweight Rate	5.1%
Low Female Education Rate	11.7%
Male Unemployment Rate	6.3%
Overcrowded Housing Rate	7.4%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	133%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	—
Head Start Supplement	—
At-Risk Child Care Subsidy	—
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	✓
Early Childhood Teaching Certificate	—
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	—
For Ages 3–6	—
For Special Populations (0–6)[3]	—
For Older Children[4]	✓
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

OHIO

Overview

The Ohio Family and Children First Initiative is a multi-strategy, comprehensive initiative that links planning and program development components, including extensive state funding for Head Start.

Initiatives for Young Children and Families

Programs

Ohio is expanding neighborhood family resource centers, programs for preschoolers, and most recently initiatives for infants and toddlers.

- Preschool Program ($31 million)
- Head Start Supplement ($145 million)
- Extended Part H
- Help Me Grow

Planning

Ohio has developed a Family and Children First Cabinet Council, county councils, and a statewide strategy to develop a comprehensive early care and education system.

- Family and Children First Cabinet Council
- County Family and Children First Councils

Number of Children Under Six	987,253
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	19.8%
Low Birthweight Rate	7.4%
Low Female Education Rate	14.3%
Male Unemployment Rate	8.3%
Overcrowded Housing Rate	6.8%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	133%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	✓
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	✓
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	✓
For Ages 0–3	✓
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	✓
State Level (0–6)	✓
State Level (all ages)	—
Community (0–6)	✓
Community (all ages)	—
Other[5]	—

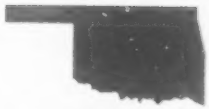
[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).



OKLAHOMA

Overview

Oklahoma funds several separate program initiatives for young children and families.

Initiatives for Young Children and Families

Programs

Oklahoma funds several different models of family support programs. The state also supplements Head Start and supports prekindergarten programs in participating school districts.

- Head Start Supplement ($1.8 million)
- Parents as Teachers ($2 million)
- Early Childhood Development and Parent Education Program ($3 million)
- Family Life, Education, and Parent Support ($1.5 million)
- Prekindergarten ($2.1 million)

Number of Children Under Six	300,808
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	28.0%
Low Birthweight Rate	6.7%
Low Female Education Rate	16.7%
Male Unemployment Rate	7.0%
Overcrowded Housing Rate	15.6%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	150%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	—
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	✓
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	✓
For Ages 0–3	✓
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

OREGON

Overview

Oregon has a comprehensive set of linked initiatives for children of all ages and their families. It has developed state- and community-level planning strategies, and expanded its programs targeted to young children and families.

Initiatives for Young Children and Families

Programs

Oregon funds an enhanced prekindergarten program, and intends to expand Healthy Start statewide from a series of pilot sites.

- Prekindergarten Program ($10.25 million)
- Healthy Start ($4.35 million)
- Great Start ($5 million)

Planning

Specific planning for young children and families focuses on creating systems of early childhood services. There is new emphasis at the commission level on planning for infants and toddlers.

- Oregon Benchmarks
- Commission on Children and Families
- Child Care/Head Start Work Group

Number of Children Under Six	248,371
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	22.8%
Low Birthweight Rate	5.2%
Low Female Education Rate	13.5%
Male Unemployment Rate	8.1%
Overcrowded Housing Rate	11.9%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	133%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	—
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	—
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	✓
For Ages 0–3	✓
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	✓
State Level (0–6)	—
State Level (all ages)	✓
Community (0–6)	—
Community (all ages)	✓
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

PENNSYLVANIA

Overview

Pennsylvania has a targeted program strategy for young children, and state-level planning focused on all children and families.

Initiatives for Young Children and Families

Programs

Pennsylvania has developed a network of family resource centers focused primarily on meeting the developmental needs of young children.

- Family Resource Centers ($4.04 million)

Planning

The Children's Cabinet has become the Governor's Partnership for Safe Children.

- Governor's Partnership for Safe Children

Number of Children Under Six	1,006,789
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	19.6%
Low Birthweight Rate	7.2%
Low Female Education Rate	13.0%
Male Unemployment Rate	8.9%
Overcrowded Housing Rate	7.2%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	185%
Child Health Insurance	✓
Early Care and Education Spending	
Prekindergarten	—
Head Start Supplement	—
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	—
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	✓
For Ages 0–3	—
For Ages 3–6	—
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	✓
Community (0–6)	—
Community (all ages)	—
Other[5]	✓

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

RHODE ISLAND

Overview

Rhode Island has separate program initiatives for young children and families and planning initiatives for children of all ages and their families.

Initiatives for Young Children and Families

Programs

Rhode Island supplements federal funding to local Head Start grantees and funds outreach to infants at risk of poor health or child abuse.

- Head Start Supplement ($2 million)
- Family Outreach Program ($250,000)

Planning

Rhode Island Children's Cabinet works to coordinate existing programs for children and families through state- and community-level efforts. Although the Cabinet does not focus exclusively on young children and families, its five-year plan explicitly addresses their needs.

- Children's Cabinet
- Child Opportunity Zones/Family Support Centers

Number of Children Under Six	81,723
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	21.6%
Low Birthweight Rate	6.3%
Low Female Education Rate	16.7%
Male Unemployment Rate	10.9%
Overcrowded Housing Rate	9.4%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	250%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	✓
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	✓
Early Childhood Teaching Certificate	✓
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	✓
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	✓
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	✓
State Level (all ages)	✓
Community (0–6)	—
Community (all ages)	—
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

SOUTH CAROLINA

Overview

South Carolina funds a statewide family support program for families with young children, as well as a prekindergarten program.

Initiatives for Young Children and Families

Programs

South Carolina has a comprehensive parenting education program that enables school districts to design their own mix of child- and family-focused support services, as well as a prekindergarten initiative.

- Target 2000 Parent Education Program ($6.8 million)
- Prekindergarten ($15 million)

Number of Children Under Six	311,662
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	29.8%
Low Birthweight Rate	9.0%
Low Female Education Rate	21.6%
Male Unemployment Rate	8.7%
Overcrowded Housing Rate	14.9%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	185%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	—
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	—
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	✓
For Ages 0–3	—
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

SOUTH DAKOTA

Overview

South Dakota has no state-funded initiatives for young children and families.

Number of Children Under Six	63,039
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	20.2%
Low Birthweight Rate	5.2%
Low Female Education Rate	11.2%
Male Unemployment Rate	4.3%
Overcrowded Housing Rate	11.6%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	133%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	—
Head Start Supplement	—
At-Risk Child Care Subsidy	—
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	—
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	—
For Ages 3–6	—
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

TENNESSEE

Overview

Tennessee is developing a family support initiative for children and families, with priority funding for school-based family resource centers that are linked with early childhood initiatives.

Number of Children Under Six	382,181
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	35.5%
Low Birthweight Rate	8.5%
Low Female Education Rate	21.6%
Male Unemployment Rate	8.0%
Overcrowded Housing Rate	10.8%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	185%
Child Health Insurance	✓
Early Care and Education Spending	
Prekindergarten	—
Head Start Supplement	—
At-Risk Child Care Subsidy	—
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	✓
Early Childhood Teaching Certificate	✓
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	✓
For Ages 0–3	—
For Ages 3–6	—
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	✓

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

TEXAS

Overview

Texas funds a prekindergarten program, and a small number of cross-agency efforts are underway at the state and community levels on behalf of children with disabilities or other special needs.

Initiatives for Young Children and Families

Programs

Texas funds an enhanced prekindergarten program for children from families with low incomes or who speak little English. The Texas Children's Mental Health Plan coordinates services for children with special needs across all the major state agencies that serve children.

- Prekindergarten Program ($144 million)
- Texas Children's Mental Health Plan (subpopulations)

Number of Children Under Six	1,659,160
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	27.6%
Low Birthweight Rate	7.0%
Low Female Education Rate	20.6%
Male Unemployment Rate	7.2%
Overcrowded Housing Rate	24.8%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	185%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	—
At-Risk Child Care Subsidy	—
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	✓
Early Childhood Teaching Certificate	✓
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	—
For Ages 3–6	✓
For Special Populations (0–6)[3]	✓
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	✓

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

UTAH

Overview

Utah has a community-based services coordination program for young children with special needs and children of all ages with severe special needs.

Initiatives for Young Children and Families

Programs

The FACT Program provides coordinated services to three populations, including children up to age five.

(•) Families, Agencies, and Communities Together (FACT) ($4.2 million)

Number of Children Under Six	213,447
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	13.6%
Low Birthweight Rate	5.6%
Low Female Education Rate	8.9%
Male Unemployment Rate	4.9%
Overcrowded Housing Rate	13.8%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	133%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	—
Head Start Supplement	—
At-Risk Child Care Subsidy	—
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	✓
Early Childhood Teaching Certificate	D
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	—
For Ages 3–6	—
For Special Populations (0–6)[3]	✓
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

[D] For children with disabilities only.

VERMONT

Overview

Vermont funds a statewide set of interconnected program and planning strategies explicitly targeted to young children and families.

Initiatives for Young Children and Families

Programs

Vermont's core program strategies include a statewide network of parent-child centers for infants and toddlers, as well as an enhanced prekindergarten initiative.

- Parent-Child Centers ($800,000)
- Early Education Initiative ($1.3 million)

Planning

Vermont's interagency state-level work group facilitates state-level linkages and flexible resource allocation. It also informally facilitates Vermont's comprehensive community planning strategy for young children and families.

- State Early Childhood Work Group
- Success by Six

Number of Children Under Six	53,573
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	18.0%
Low Birthweight Rate	5.6%
Low Female Education Rate	11.7%
Male Unemployment Rate	10.4%
Overcrowded Housing Rate	5.5%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	200/225%
Child Health Insurance	✓
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	—
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	✓
Early Childhood Teaching Certificate	—
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	✓
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	✓
State Level (0–6)	✓
State Level (all ages)	—
Community (0–6)	✓
Community (all ages)	—
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

VIRGINIA

Overview

Virginia has a new state-funded prekindergarten initiative.

Initiatives for Young Children and Families

Programs

Virginia's new enhanced prekindergarten program targets at-risk four-year olds. The legislature will determine whether to renew the program in 1996.

- Quality Preschool Initiative ($8.3 million)

Number of Children Under Six	558,057
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	15.8%
Low Birthweight Rate	7.4%
Low Female Education Rate	16.4%
Male Unemployment Rate	6.9%
Overcrowded Housing Rate	9.0%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	133%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	—
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	—
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	—
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	✓

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

WASHINGTON

Overview

Washington has several program initiatives targeted to young children, school readiness community planning grants, and state- and community-level planning efforts on behalf of children of all ages and their families.

Initiatives for Young Children and Families

Programs

Washington funds an enhanced prekindergarten program, and supplements Even Start and Head Start.

- Early Childhood Education and Assistance Program ($24 million)
- Even Start Supplement ($720,000)
- Head Start Supplement ($530,000)

Planning

Readiness to Learn Grants are available to selected communities.

- State Family Policy Council
- Community Public Health and Safety Networks
- Readiness to Learn Grants

Number of Children Under Six	451,355
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	16.5%
Low Birthweight Rate	5.3%
Low Female Education Rate	10.8%
Male Unemployment Rate	9.7%
Overcrowded Housing Rate	12.4%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	185%
Child Health Insurance	✓
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	✓
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	—
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	—
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	✓
Community (0–6)	✓
Community (all ages)	✓
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

WEST VIRGINIA

Overview

West Virginia supports state and community planning initiatives to develop and coordinate programs for children and families. The development of new programs is linked to systems reform, and a number of components focus explicitly on young children.

Initiatives for Young Children and Families

Programs

State funds for Prekindergarten Programs are available to counties based on the number of children they serve.

- Prekindergarten Program ($10 million)

Planning

The Early Childhood Implementation Commission develops and coordinates programs specifically for young children. The state-level Children's Cabinet and community-based Family Resource Networks are integrating services for children of all ages and their families. Many of their activities explicitly address the needs of young children.

- Cabinet on Children and Families
- Early Childhood Implementation Commission
- Family Resource Networks

Number of Children Under Six	145,754
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	36.3%
Low Birthweight Rate	7.2%
Low Female Education Rate	23.1%
Male Unemployment Rate	14.0%
Overcrowded Housing Rate	7.6%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	150%
Child Health Insurance	✓
Early Care and Education Spending	
Prekindergarten	✓
Head Start Supplement	—
At-Risk Child Care Subsidy	—
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	—
Early Childhood Teaching Certificate	✓
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	—
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	✓
State Level (all ages)	✓
Community (0–6)	✓
Community (all ages)	✓
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

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WISCONSIN

Overview

Wisconsin has several program initiatives, largely targeted to the youngest group of children and families.

Initiatives for Young Children and Families

Programs

Program strategies include supplementing Head Start, and supporting Family Resource Centers and Right from the Start.

- Head Start Supplement ($5 million)
- Family Resource Centers ($675,000)
- Right from the Start ($460,000)

Number of Children Under Six	429,298
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	15.8%
Low Birthweight Rate	5.9%
Low Female Education Rate	10.8%
Male Unemployment Rate	6.8%
Overcrowded Housing Rate	8.2%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	155%
Child Health Insurance	✓
Early Care and Education Spending	
Prekindergarten	—
Head Start Supplement	✓
At-Risk Child Care Subsidy	✓
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	✓
Early Childhood Teaching Certificate	—
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	✓
For Ages 3–6	✓
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	✓

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

WYOMING

Overview

Wyoming has not developed any state-funded special initiatives focused explicitly on young children and families.

Number of Children Under Six	38,380
Indicators of Young Child and Family Risk	
Young Child Poverty Rate	19.8%
Low Birthweight Rate	7.3%
Low Female Education Rate	11.1%
Male Unemployment Rate	6.5%
Overcrowded Housing Rate	8.4%
Indicators of State Investment for Young Children and Families	
Children's Health	
Medicaid Eligibility Level	133%
Child Health Insurance	—
Early Care and Education Spending	
Prekindergarten	—
Head Start Supplement	—
At-Risk Child Care Subsidy	—
Early Care and Education Quality	
Center Staff Training Requirements	✓
Family Provider Training Requirements	✓
Early Childhood Teaching Certificate	D
State-Funded Program Initiatives[1, 2] for Young Children and Families	
For Ages 0–6	—
For Ages 0–3	—
For Ages 3–6	—
For Special Populations (0–6)[3]	—
For Older Children[4]	—
Planning/Governance Initiatives	
Early Care and Education	—
State Level (0–6)	—
State Level (all ages)	—
Community (0–6)	—
Community (all ages)	—
Other[5]	—

[1] These must include some state funding. However, checks in these categories do not reflect scope. For details, see state-by-state descriptions.

[2] In some instances, age breaks may be slightly different. Programs for ages 0–3 tend to be parenting education/home visiting; those for ages 3–6 tend to be prekindergarten; those ages 0–6 tend to be family support programs.

[3] For example, children with emotional and behavioral problems, or teenage parents and their children. For details, see state-by-state descriptions.

[4] Must have some special provision or outreach efforts for young children.

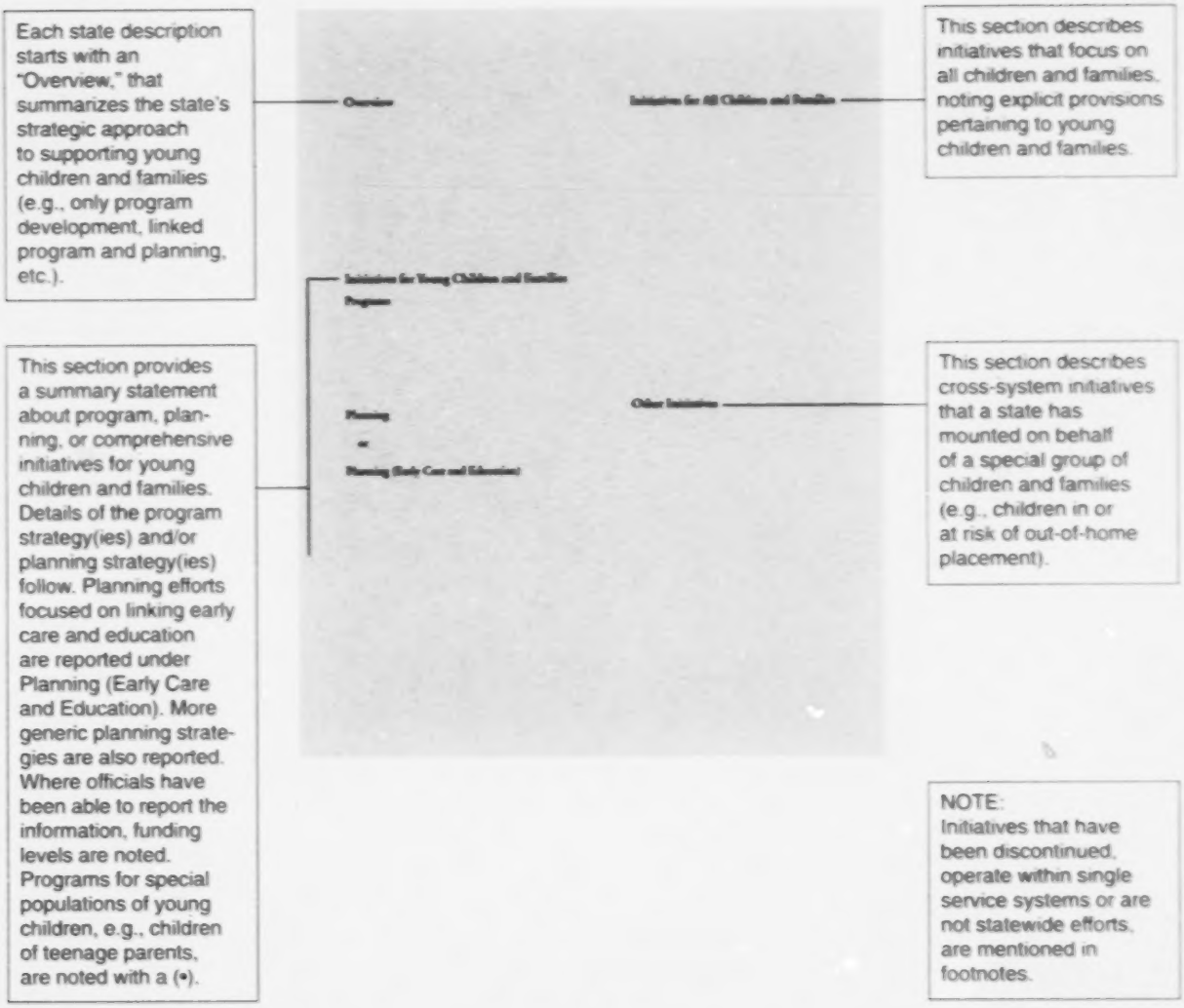
[5] "Other" includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

[D] For children with disabilities only.

State-by-State Descriptions of Initiatives

Figure 6

Reader's Guide to the State Descriptions


Each state description starts with an "Overview," that summarizes the state's strategic approach to supporting young children and families (e.g., only program development, linked program and planning, etc.).
This section provides a summary statement about program, planning, or comprehensive initiatives for young children and families. Details of the program strategy(ies) and/or planning strategy(ies) follow. Planning efforts focused on linking early care and education are reported under Planning (Early Care and Education). More generic planning strategies are also reported. Where officials have been able to report the information, funding levels are noted. Programs for special populations of young children, e.g., children of teenage parents, are noted with a (•).
Overview
Initiatives for Young Children and Families Programs
Planning or Planning (Early Care and Education)
Initiatives for All Children and Families
Other Initiatives
This section describes initiatives that focus on all children and families, noting explicit provisions pertaining to young children and families.
This section describes cross-system initiatives that a state has mounted on behalf of a special group of children and families (e.g., children in or at risk of out-of-home placement).
NOTE:
Initiatives that have been discontinued, operate within single service systems or are not statewide efforts, are mentioned in footnotes.

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ALABAMA

Overview

Alabama has not developed any special initiatives focused explicitly on young children and families.

Other Initiatives

As a result of a 1991 consent decree, Alabama is in the midst of a major service-system reform initiative on behalf of children in or at risk of out-of-home placement. Child welfare staff from all counties will be involved in a phased-in training and support service effort to focus primarily on children and families involved with the child welfare system. Eighteen counties are involved in the effort, with more being added each year. Of the children in the eighteen counties affected by reforms, 31 percent are six years old and younger. Evaluation data are available.

ALASKA

Overview

Alaska has a state-level planning initiative and a program strategy centered around Head Start.

Initiatives for Young Children and Families

Programs

Alaska's program strategy involves building on Head Start.

- Alaska contributes almost $6 million to enable federal ***Head Start*** grantees to serve additional children. One grantee has established a parent-child center serving 246 children from prenatal care up to age three with enhanced Head Start services including home visits and a community involvement component. Other grantees are developing similar programs for very young children. Transition grants extend Head Start's comprehensive services to children from kindergarten through third grade and their families in selected public schools. Five schools in the Anchorage School District currently provide these transition services.

Planning

Alaska is developing and implementing a state-level planning effort that includes a specific focus on young children and families.

- In 1995 the governor established a ***Children's Cabinet*** made up of the secretaries of Education, Health and Social Services, Community and Regional Affairs, Public Safety, and Corrections, as well as the attorney general. Assessing and revising program design and regulations across agencies, the Cabinet is developing interagency initiatives for children (including a Children's Trust Fund to support preventive services), and a Children's Summit for 1997.
- Alaska's ***Interagency Committee for Young Children,*** also created in 1995, is comprised of program staff from the Cabinet agencies. It makes policy and program suggestions to the Cabinet on issues related to young children, implements the Cabinet's initiatives for young children, and coordinates existing programs for young children across agencies through joint planning and collaboration.

ARIZONA

Overview

Arizona's program initiatives focus on a preschool program and three preventive family support initiatives enacted in the 1995 Children and Families Stability Act.

Initiatives for Young Children and Families

Programs

Arizona funds an enhanced prekindergarten program and three pilot family support programs.

- Arizona's ***At-Risk Preschool Projects*** provide half-day early childhood care and education to four-year-olds in school districts with a high proportion of children who qualify for free or reduced-price meals, have limited English proficiency, and who move frequently. The state recently moved from encouraging to requiring districts to provide comprehensive services, including health screenings, nutrition services, and referrals to other service providers. All sites have staff who conduct home visits as part of a parent involvement effort. The program has expanded rapidly, with expenditures increasing from $2.5 million in 1994 to $12.5 million in 1995. It served 4,000 children in 1995.
- ***Healthy Families Arizona*** is a pilot family support program that offers home visits and referrals to community services to foster healthy growth and development of infants and toddlers, enhance family functioning and parent-child interactions, and prevent

child abuse and neglect. The program is available to families with children under five who live in targeted areas of the state and are, through a screening process, identified as at risk. In fiscal year 1996, Arizona will spend $3.6 million on the program, which is projected to serve 900 families.

- ***Healthy Start*** is a family support program that offers home visits in high risk neighborhoods to connect pregnant women and mothers of young children ages birth to four with community-based prenatal care, health and nutrition education, and other services for young children (e.g., immunizations and other preventive care). In fiscal year 1996, the state will spend $1.6 million on the program, to serve a projected 4,000 families.
- The ***Family Literacy Program*** is a center-based family support program that supports the development of reading and learning skills in children ages three and four and their parents. Program components include adult education, early childhood education, Parent and Child Together activities, and parent education and support groups. The program is available in communities with high unemployment, poverty, and graduation failure rates. Schools or community-based organizations provide the services in partnership with others. In fiscal year 1996, the state will spend $1 million on the program to serve a projected 375 families.

ARKANSAS

Overview

Arkansas supports an enhanced, flexible prekindergarten program linked with an early care and education planning and management process. Arkansas also has a state and community planning initiative for all children and families.

Initiatives for Young Children and Families

Programs

Arkansas Better Chance (ABC) offers home- or classroom-based programs for children ages four and five.

- ABC is a statewide initiative for young children in low-income or at-risk families that provides classroom-based prekindergarten in some communities and in others, family supportive home visits, using the Home Instruction Program for Preschool Youngsters (HIPPY) curriculum. The overall program serves over 5,000 children. HIPPY is now in 31 sites, serving 54 counties and 130 school districts in the state. The Arkansas Early Childhood Commission administers a variety of funding sources for ABC, including federal Child Care and Development Block Grant (CCDBG) funds, state Department of Human Services funds, and state Department of Education funds. The state currently spends $10 million per year on ABC, with counties contributing 40 percent of the cost.* Ten percent of all eligible four- and five-year-olds are served.

Planning (Early Care and Education)

Through the Early Childhood Commission, which administers ABC, the state is building an early care and education infrastructure that cuts across state agencies, including the Department of Education, the Department of Human Services, and Head Start to support funding integration, professional development, and program quality.

- The state ***Early Childhood Commission,*** an affiliate of the state Department of Education, sets quality standards and contracts with university staff who visit classrooms on a yearly basis to monitor performance. Standards apply to all types of early care and education programs, including Head Start, Arkansas Better Chance (the state prekindergarten program), and subsidized child care programs. Programs must meet standards in order to receive prekindergarten or child care subsidies from the state. The Commission is overseeing a coordinated effort to enhance quality. A quality enhancement grant program of $15,000 per year encourages programs to meet standards; child care orientation training is available as an introduction to the field, and the state recently funded a state coordinator to develop and promote CDA credentials. (Paraprofessionals are required to have CDA credentials.)

Initiatives for All Children and Families

- In November 1994, the state initiated a collaborative planning process among the state Departments of Health, Social Services, and Education to promote

* Arkansas funds 60 percent of local prekindergarten or HIPPY program costs; communities must fund 40 percent, much of which is in-kind funding. Other sources of funding for the local match include federal Title I, PL 99-457, Head Start, United Ways, and public school funds. ABC also provides $140,000 per year to the Health Department to cover health screenings for children in the ABC program who are not eligible for Medicaid.

the healthy development of children by investing in healthy families, intact families, and success in school. In March 1995, a ***Partnership Council*** of juvenile court judges, local community advocates, and service providers was created by the Executive Order to serve as a policy advisory body to the three agency collaborative. The Council is charged to review and refine policy priorities, serve as the decision-making body on anticipated federal block grants, and seed initiatives with pooled funds (currently $4 million) from the three agencies. To strengthen leadership skills across the agencies, the state has created a leadership academy. The roots of the Council can be traced to a 1989 Council of Governors' Policy Advisors' Policy Academy on At-Risk Children and Families, as well as mini-grants from the Council of Chief State School Officers for school readiness that helped strengthen the networking and planning activities.

- The Partnership Council is now implementing its first initiative, the ***Intervention/Prevention Initiative.*** With a $430,000 allocation from the legislature, the Council has made two-year, renewable planning grants (of up to $25,000 per site) to local collaborative bodies in 18 communities. Grantees include school districts, city governments, counties, nonprofit organizations, and community consortia. The grantees were required to submit collaborative agreements signed by specific community partners. Building on Arkansas' recent emphasis on developing and establishing preschool and other early intervention programs, many of the local efforts work with parents (especially young parents) around parenting issues.*

CALIFORNIA

Overview

California funds half- and full-day child development services extensively throughout the state. Further, California invests in several innovative school- and community-based system reform initiatives that could directly benefit young children and families.

Initiatives for Young Children and Families

Programs

California continues to expand its extensive network of school-linked prekindergarten and subsidized child care programs. It also funds family support programs for teenage parents and their children.

- The ***State Preschool Program*** provides half-day early childhood care and education services to low-income three- and four-year-old children through local school districts. Local programs must meet state quality requirements, and provide nutritious meals, a parent involvement component, and referrals to social and health services. California also funds one of the most extensive systems of ***Subsidized Child Care*** of any state in the country, with contract programs in virtually every school district. Direct service child care contractors must meet quality standards similar to those required by the Preschool Program and provide full-day care for children of low-income families. State funding is over $400 million annually for subsidized direct service child care contracts and the state Preschool Program—$85 million of which goes for the Preschool Program. Total state funding increased $20 million in the current year and will increase $40 million in the next fiscal year.

(•) The ***Adolescent and Family Life Program*** (AFLP) is a family support initiative for all pregnant and parenting teens that provides group parenting education, home visits, and case management. The program started in 1985, and by 1992 it served 6,300 teens through 37 local contractors in 32 counties, with a budget of $9.2 million from the Federal Maternal and Child Health Block Grant, state and local government funding, and private grants. The state recently established a new teen parent entitlement program, ***Cal-Learn,*** that provides similar services to teen parents on AFDC, and provides incentives for participants to stay in school and maintain passing grades. County welfare departments, under the state Department of Social Services, operate Cal-Learn. Once in operation, it will serve 23,000 teens, with a total budget of over $100 million in state and federal funds each year. The two programs together will serve half the teen parents in California.

(•) The ***School-Age Parent and Infant Development Program,*** initiated by the legislature in 1977, is a family support and drop-out prevention effort for teen

* For example, two adjacent counties are planning family resource centers, encompassing parent support groups, lending libraries with parenting materials, and close collaboration with local early care and education programs. Another county is offering the Parents as Teachers program, home visits, and child care assistance to teen mothers.

parents that provide: parenting classes and parent-child activities, on-site child care, counseling, and health services. It is available, in on-site school centers, to all pregnant and parenting teens (including fathers) who are enrolled in schools that provide the program. In 1992, 3,200 children of teens participated in 60 county school districts, at a cost of $7.4 million to the state. The program has not expanded in recent years.

Planning (Early Care and Education)

Legislation is now being drafted to streamline and integrate California's early care and education efforts.

- Assembly Bill 2184 would establish an interagency task force to integrate the funding streams, data, waiting lists, eligibility and fee guidelines, governance structures, and links to other social services for California's extensive array of state supported and federally funded early care and education programs. After a community involvement process, draft legislation is being developed by Policy Analysis for California Education (PACE).

Initiatives for All Children and Families

- ***Healthy Start,*** enacted in 1991, is a school-based planning initiative to improve children's health and development through local efforts to integrate education, health, mental health, and social services. Schools that qualify for Healthy Start funding have at least 50 percent of their enrolled students eligible for free meals and either limited English proficiency or receiving Aid to Families with Dependent Children. Over 400 local partnerships involving well over 1,000 schools are participating. Sites receive planning grants up to $50,000, and three-year operational grants up to $300,000 (and may also receive $100,000 supplements to cover start-up costs) to link services with schools and develop alternative funding bases, such as designating schools as Medicaid providers. Policy guidance comes from a state partnership that includes the superintendent of public instruction, representatives from the governor's office, cabinet officials, state agency heads, and private foundations. The legislature appropriates approximately $20 million annually to Healthy Start. According to a recent evaluation, close to 12 percent of Healthy Start families have preschool children.*

Other Initiatives

- The ***Youth Pilot Program,*** enacted in 1993, is a five-year pilot program to integrate children's services and funding at the county level. No new money is appropriated for the program. Instead, it enables local service providers in five counties to blend existing funding and establish outcome-based accountability for services for at-risk children and families. Each county establishes an interagency council to coordinate multiple services for children, and to select and monitor specific child and family outcome indicators. Council members must include local education, juvenile justice, and health and human services officials, as well as representatives of service providers, labor organizations, and consumers. Most counties' initial efforts aim to reduce out-of-home placements. However, one of the five counties, San Diego, has focused on young children ages birth to six addressing three core components; health and well-being, safety and security, and community and organizational capacity development.

COLORADO

Overview

Colorado's First Impressions is a comprehensive initiative with linked planning and program components. It has seeded new programs for young children, created an infrastructure to build a seamless early care and education system, and built a state-level interagency planning process. Its most recent components focus on children ages birth to three.

Initiatives for Young Children and Families

Programs

First Impressions' program components include an enhanced prekindergarten program, family centers, and, most recently, pilot efforts to test home visiting models for very young children. In 1995, the legislature approved a $9 million prevention package to increase funding for the state preschool program, expand the number of neighborhood family centers, provide money for home visits, and establish a Youth Crime Prevention and Intervention Fund that gives grants to

* The California Healthy Start Program has been evaluated by SRI International: Wagner, M.; Golan, S.; Shaver, D.; Newman, L.; Weschler, M.; & Kelley, F. (1994). *A healthy start for California's children and families: Early findings from a statewide evaluation of school-linked services.* Menlo Park, CA: SRI International. The report was prepared for the Superintendent of Public Instruction, California Department of Education, and the California Partnership for School-Linked Services.

community-based programs for children and families.

- The state's ***Prekindergarten Program*** provides early care and education services to low-income four-year-old children through local programs operated by district councils comprised of representatives from school districts, Head Start grantees, private child care providers, parents, business people, health professionals, and others. Programs are encouraged to offer parent involvement, nutrition, and other comprehensive services to participants' families. In 1995, the state invested $12 million on the program to serve 6,500 children.
- Community ***Family Centers*** provide single points of entry for a range of comprehensive, intensive services for children and families at risk. In addition to one-stop shopping for child and family services, the Centers provide parenting education, resource fairs, family advocates (who work with families to design service plans and help them gain access to other resources), and other family-supportive activities. The target population is families with young children. A statewide Family Resource Network offers training and technical assistance to the Centers. Sixteen Centers are now operating; a few more will begin operating in the next few months. Colorado allocated $1.5 million last year to support the Centers, of which over $900,000 came from state funds (the remainder was federal). The Centers also raise additional funds locally.
- The Governor recently initiated ***Bright Beginnings,*** a campaign to focus public awareness on children ages birth to three, provide a home visiting program for all new babies, and build capacity for a universal home visiting project for infants and toddlers.

Planning

There is strong leadership for First Impressions, marked by cross-agency planning within state government, including a Children's Cabinet and an ongoing early care and education planning and management process among relevant state agencies.

- Leadership for First Impressions comes from various sources. A new state ***Children's Cabinet*** is developing ways to help communities design and deliver responsive services for children and families. The Governor's office has developed workbooks to aid communities in identifying steps to build comprehensive service systems. The Cabinet will develop an early childhood program budget and a performance accountability system.
- The Department of Education's ***Early Childhood Management Team*** coordinates state-funded local prekindergarten programs with federally-funded child care programs. The Team meets regularly and conducts joint site visits to monitor all local early care and education programs together, regardless of which funding streams support them. Colorado is building a comprehensive career development system for all early childhood education professionals. The Department of Education has adopted uniform quality standards for all its early childhood programs, and is working to integrate early childhood care and education funding (see Chapter 1, Child Care and Development Block Grant (CCDBG), state prekindergarten, Head Start, and others) in communities to create comprehensive full-day services. The state's new Department of Human Services, which combines the Departments of Social Services and Institutions, includes a new Office of Child Care that consolidates child care licensing and subsidy administration in one agency.

CONNECTICUT

Overview

Connecticut is supporting a program development strategy.*

* Connecticut also piloted a community planning initiative with state and foundation funds. The Preschool Planning/Readiness Initiative provided pilot planning grants of $25,000 each to three city school districts to support collaborative needs assessments and planning for services for preschool children (ages three to four) and their families. Local collaboratives identified unmet needs, their causes, and ways to solve them. The Initiative was developed and funded by the state Departments of Education and Social Services, the state Commission on Children, and a local foundation. The state departments contributed a total of $125,000, and the foundation contributed $75,000, to support the local planning as well as an evaluation of the initiative. The local school districts supplied matching funds and in-kind resources. In 1995, the legislature passed but did not fund a bill to support similar planning efforts in 15 additional high-poverty communities; funds may be appropriated in a future session. If so, the state agencies that serve children (including those already involved, as well as the Departments of Public Health, Mental Health, and others) will form a School Readiness Council to provide technical assistance and support to the participating communities.

Initiatives for Young Children and Families

Programs

Connecticut funds two program strategies: the development of school-linked Parent Education and Support Centers that have a special mandate to serve young children and families, and linked Head Start and child care services.

- ***Parent Education and Support Centers*** seek to improve parenting and enhance family functioning by providing parent education, family literacy, full-time child care for children ages three to five, school-age child care, family training and support for new parents, and referrals to other community and social services. The Centers are available to all families in the community with children under age 17, but the main target population for services is families with young children, with priority given to parents who are teens, single, low-income, or otherwise at risk. The Centers also provide technical assistance, consultation, and training for local family child care providers. Centers exist in 18 communities across the state, with a state budget of over $1 million in fiscal year 1996.
- The state Department of Education works with the Department of Social Services to provide ***Extended-day, Extended-year Head Start*** services by combining Head Start and child care services. The state now spends over $1.4 million annually to serve 19 communities and to enhance the quality of Head Start programs in the state. The legislature recently authorized an additional $2.7 million to serve 16 additional communities, which will bring the total spending to $4.1 million and the total number of communities with extended Head Start programs to 35.*

DELAWARE

Overview

Delaware has established a Family Services Cabinet Council to improve service delivery for all families, and is expanding programs similar to Head Start for four-year-olds.

Initiatives for Young Children and Families

Programs

The state is expanding programs based on the Head-Start approach and linking and expanding parent education programs.

- The legislature has funded a three-year strategy to provide programs similar to ***Head Start*** to all eligible four-year-olds. Providers must meet Head Start program criteria, although not all providers are federal Head Start grantees. The state contracts with the local Head Start Association to provide training and technical assistance to all local programs. The state will begin monitoring local programs jointly with the federal regional Head Start office in 1996. The initiative began in 1994 with a state appropriation of $900,000. In 1996 the state will invest $1.8 million, serving 391 children statewide who are not served by existing federal Head Start programs.
- Under the auspices of the Family Services Cabinet (see below), the ***Parent Education Project*** is charged with coordinating and developing an evaluation strategy for parent education programs. Delaware's goal is to ensure that all new parents have home visits, with priority for low-income families and families with children that have special needs. The home visits are intended to ensure healthy baby care and to help link new parents to appropriate parent education and family support services. Funding for the home visits comes from Medicaid, private insurance, and a small state contribution (which was $300,000 in 1995).

Initiatives for All Children and Families

Planning

A state-level Cabinet Council and community partnerships develop and coordinate programs across systems for children and families.

- In 1993, the Governor established the ***Family Services Cabinet Council*** to design a school- and community-based service system. The Council includes the secretaries of the state Departments of Children, Youth and Families; Public Instruction;

* In addition, Connecticut promotes the quality of early care and education programs through "Connecticut Charts a Course," an interagency initiative to establish a voluntary career development system for early care and education providers. The Board of Trustees for Community Technical Colleges, the Department of Higher Education, and the Department of Education's early childhood specialists will collaborate to design and coordinate different training components, and to establish a training approval board and a training registry. Additional input comes from the Department of Social Services (the state's lead child care agency) and the Department of Public Health (which licenses child care facilities).

Health and Social Services; Labor; Housing; Corrections; and Public Safety. The Council meets twice a month and has a small staff budget of $50,000 per year. A major initiative of the Family Services Cabinet Council has been to seed Family Services Partnerships, which offer social and health services at single locations and require state agencies to collaborate with one another and with the communities they serve. State agencies provide information and referrals via Helpline computers at a network of 12 Service Centers across the state. The Centers provide "one-stop shopping" for approximately 140 services such as AFDC, WIC, food stamps, and access to child immunizations. The Partnerships also facilitate local planning by state agencies and community representatives to coordinate state and federal programs for children and families. Each Partnership includes a Family Resource Coordinator, supported by VISTA volunteers, and offers programs such as "Family Allies," which trains community members to assess local families' needs and refer them to appropriate services. State agency staff provide front-line intake and referral assistance to families regardless of their specialties and the families' needs. The Centers receive $200,000 to operate and serve 18,500 families annually. No data are available on the percentage of these families who have young children.

DISTRICT OF COLUMBIA (WASHINGTON, D.C.)

Overview

The District of Columbia has developed several site-specific multi-service programs and cross-system planning efforts for young children and families, but its current fiscal situation is so dire that continued city funding for these initiatives is uncertain. Therefore, Washington, DC is not described in the same fashion as the other states and its initiatives are not summarized here.*

FLORIDA

Overview

Florida has developed program initiatives for both infants and preschoolers, along with separate state- and community-level planning initiatives.

Initiatives for Young Children and Families

Program

Florida funds an enhanced prekindergarten program and a Healthy Start program for infants.**

- The state ***Prekindergarten Program*** provides early care and education services to low-income children ages three and four (mostly four-year-olds), designed according to community need. In addition to child development classes, the state encourages local programs to offer comprehensive support services to the families of participating children. Established by school districts, local programs are linked to existing community resources through interagency councils,

* Washington nevertheless funds a prekindergarten program ($13 million each year) and child care subsidies (over $20 million each year) using city funds.

** In addition to these statewide programs, Florida funds several much smaller programs for various subpopulations of young children and families. The Community Resource Mother or Father Program, enacted in 1989, trains and employs mothers and fathers as peer support for pregnant women to monitor participants during their pregnancies, provides information on available services, and promotes awareness of the parent's role as a home educator. Funding totals $297,000 for two five-year demonstration sites, serving 180 participants. The program is being institutionalized as a companion to, or component of, local Healthy Start programs. The First Start program, also created in 1989, provides parent education and support to families with children up to age three who have disabilities or are at-risk of them. First Start includes parent education, child development, parent-child interactions, and health and developmental screenings. Services are provided through home visits by parents from the local community. Local school districts receive funds to operate the program in 24 of Florida's 67 counties, serving approximately 2,200 families. The legislature appropriates $3 million annually for the program. The Children's Early Investment Program was legislated in 1989 to expand and coordinate services and programs across agencies for at-risk children and their families, teenage parents, and high-risk pregnant women. The objectives of the program are to reduce teenage pregnancies, the number of cocaine babies, the juvenile crime rate, the incidence of low-birthweight babies, and the rate of school dropouts, as well as to increase the percentage of children entering school ready to learn and the basic skills and ability of Florida's future work force. The Ounce of Prevention Fund of Florida (a public-private partnership) and HRS administer the program. Grants total $1,320,000 for the program's three sites, which serve 278 individuals.

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which include representatives from subsidized and private child care, Head Start, public school kindergarten through third grade programs, and programs for children with disabilities. These councils are designed to eliminate duplication of effort through the networking of existing services. The program currently serves 27,000 children with annual funding of over $94 million. In addition, Florida supplemented the federal ***Head Start*** program with $6 million in state funds in 1991–92.

- ***Healthy Start,*** created by the legislature in 1991, provides prenatal and infant care for pregnant or parenting women with infants up to age one who are at risk of medical or psychosocial problems. Program components include health and developmental screenings for all infants and prenatal mothers, as well as parent education and counseling, case management, home visits, and referrals to other services. Community Healthy Start coalitions oversee local service and support systems in 30 sites that serve the entire state. The coalitions leverage in-kind and financial assistance from local public and private sources, and conduct community needs assessments and develop outcome-based service delivery plans. The state reviews these plans and, where appropriate, grants authority to the coalitions to allocate existing state funds to address local needs. Staff from the state Department of Health and Rehabilitative Services (HRS) are conducting a short-term evaluation and the University of Florida is conducting a longitudinal study. The legislature appropriated $46.5 million to HRS for Healthy Start this year. The legislature appropriates additional funds to the Agency for Health Care Administration to expand Medicaid coverage for pregnant women and infants, to provide Healthy Start screening for families ineligible for Medicaid, and to fund other health services related to the program.

Planning

Florida has two separate planning initiatives, one state-level and one community-level.

- Created in 1989 by the legislature, the ***State Coordinating Council for Early Childhood Services*** works to make Florida's early childhood service system more family-centered, community-based, and locally planned and coordinated. The Council's 30 members represent key stakeholders in the fields of early care and education, health, and teen pregnancy prevention. The Council developed a joint strategic plan for the Departments of Education and Health and Rehabilitative Services. It is staffed by these two departments in alternating years.
- The state Department of Education provides ***Early Childhood Collaboration Grants*** to help communities collaborate among different early care and education programs. Goals include: improving the quality of care for all children; maintaining effective communication to strengthen collaboration; developing common intake approaches and referral systems (including, in some communities, shared waiting lists) across all early care and education programs; improving transitions from Part H programs to other early childhood programs for three-year-olds, and from preschool programs of any type into the public schools; and expanding inclusion opportunities for young children with disabilities. Currently 36 counties have received three-year collaboration grants; the state is about to award a new round of grants; and additional grants are expected to be awarded in future years. To be eligible, a community must secure the participation of the local child care resource and referral agency, the local Head Start grantee, the local office of subsidized child care, the local school district's prekindergarten program, and other local participants. Grant awards approximate $10,000 for first year planning, increasing to around $100,000 for second and third year implementation of the plans. The grants cannot be used to buy direct services for children. The state currently provides $3 million each year in lottery funds to support the grants. Florida State University is providing technical assistance, facilitation, and support to participating communities, and in the process is identifying effective approaches and ways to overcome barriers to success.

Initiatives for All Children and Families

- Florida's ***Full Service Schools*** initiative is a school-based service integration program for school-age children and their families. Each site combines resources from Chapter 1, Dropout Prevention, Shared Service Networks, Florida First Start, Even Start, Early Intervention, Prekindergarten, Disabilities, Health and Rehabilitative Services, Basic School Health, Supplemental School Health, and Drug Free School funds. The development of each site is overseen by a local committee with the responsibility to design, implement, and evaluate site activities. Services include family support, on-site child care for teen parents, and a range of other supports. State-funded prekindergarten or First Start programs are linked directly to many of the Full Service Schools, and where they are not directly linked families can gain access to such programs through the schools. The

Department of Education invests over $9 million annually in 220 schools. Of 55 Full Service Schools, 10 percent have a clear and significant focus on young children, and another 15 percent provide limited services for young children and families, such as child care.

GEORGIA

Overview

Georgia's Initiative for Children and Families, targeted to all children and families, has explicit, linked, program and planning strategies. Georgia also has a rapidly expanding enhanced prekindergarten initiative.

Initiatives for Young Children and Families

Programs

Georgia recently initiated and expanded an enhanced prekindergarten program for four-year-olds. The state also funds a network of 11 Healthy Family sites around the state.

- The ***Governor's Prekindergarten Program,*** initiated in 1993, is available to all four-year-old children; the target population is at-risk four-year-olds and their families. Programs are governed by local coordinating councils representing stakeholders in the early childhood community, and may be center-based, home-based, or group home-based. All children must receive basic health and dental screenings and nutritious meals. Programs must include home visits, parent-focused services such as literacy or job training, and access to mental health, drug treatment or crisis intervention programs if needed. Programs must also work to meet the child care needs of working parents and must employ family service coordinators to provide case management services for participating families. The state is spending $157 million to serve 48,000 children during the 1995–96 school year.
- ***Healthy Families Georgia*** is a family-centered, community-based, and preventive family support program sponsored by the Council on Child Abuse, the Children's Trust Fund Commission, and the Division of Public Health. These agencies are developing a statewide network of local programs based on the Hawaii Healthy Start program. Healthy Families offers hospital visits to all new parents, along with family-focused risk assessments and voluntary long-term home visiting for high risk first-time parents and their children ages birth to six. Program goals are to prevent child abuse, improve health outcomes, promote school readiness, increase use of community resources, enhance family functioning, and foster family independence. The program serves over 3,000 children each year in eleven sites around the state; state support was over $700,000 in fiscal year 1995.

Initiatives for All Children and Families

Planning

A state-level Policy Council and Community Partnerships collaborate and plan strategically to integrate and improve services for children and families.

- The explicit goals of Georgia's ***Initiative for Children and Families*** are to improve child health and development, family functioning, school performance, and family economic capacity, by building community-based comprehensive systems and integrating state programs serving children and families. The initiative expects to seed neighborhood family service networks, using universal family centers in or near elementary schools as network "hubs." The family centers will feature generalist family development workers; aggressive outreach; streamlined and decentralized intake, eligibility, referrals, and case management; collocated services; and integrated information systems. Initial services will contact and follow-up with pregnant women, newborns, and preschool children and their families; efforts will eventually expand to include all children ages birth to six. The initiative encompasses services for young children and families provided by programs such as the Governor's Prekindergarten Program, Babies Can't Wait (the federal Part H program in Georgia), and Healthy Families (see below), as well as initiatives targeted to families with school-age children.
- Leadership for the Initiative comes from a permanent state ***Policy Council for Children and Families,*** which is the focal point at the state level for planning and results-based accountability on behalf of children and families. Members are appointed by the Governor, Lieutenant Governor, and Speaker of the House, and include leaders in business, education, health, human services, advocacy, and local and state government. Representatives from the state Departments of Human Resources, Education, Medical Assistance, Children and Youth Services, and other agencies participate. The Council is

charged with identifying goals and results for children and families, developing a strategic plan for accomplishing them, and recommending service strategies for implementation. A "Framework for Improving Results" identifies mutually agreed-upon outcome measures of child and family success; community-based, family-focused, and prevention-oriented service strategies; new governance structures with the authority and responsibility to make meaningful improvements for children and families; policy and system barriers that interfere with achieving results; and local, state, and federal funds available for investment. The Council will take a leadership role in preparing for anticipated federal block grants.

- At the community level, the ***Family Connection*** effort created local planning collaboratives to identify local needs and coordinate programs. These collaboratives build local ownership of, and design flexible solutions to, the education and family support needs of their individual communities. They seek to improve outcomes related to failure to complete school, teen pregnancy, juvenile delinquency, substance abuse, and other family problem areas. Funded by the Pew Charitable Trusts, five pilot communities completed needs assessments, reconfigured and streamlined services, and implemented refinancing techniques to maximize available funding. The state supported planning and service coordination in an additional 51 Family Connection sites. Most sites received $50,000 in planning funds in the first year; $100,000 each during years two and three; and $50,000 in ongoing years. In fiscal year 1997, the proposed overall state budget for the Initiative is $5.4 million; this amount is scheduled to increase to $7.7 million in 1998 and to more than $11 million in 1999. The state has invested a total of $8.5 million of its own funds since the Initiative started. Federal and foundation funds supplement the state's contributions. Building on the work of these informal collaboratives, recent legislation calls for up to ten ***Community Partnerships*** to be established during fiscal year 1996. The Partnerships are formal community planning authorities designated by local government and the state Policy Council. They will establish formal accountability relationships with the state and implement the specific system reform strategies outlined in the "Framework for Improving Results."
- ***The Georgia Academy for Children and Youth Professionals*** designs and provides competency-based training, interdisciplinary programs, and core skills to private and public organizations that serve children. The goal is to to complement existing training to build an interdisciplinary, family-focused approach to supporting children and families. Training is delivered statewide on a regional basis, supported by the state Department of Human Resources, private foundations, and user fees. For example, the Academy provides all the training for the Governor's Prekindergarten Program, using the Perry Preschool model.

HAWAII

Overview

Hawaii funds a network of family support programs targeted explicitly to young children and an early care and education planning effort.

Initiatives for Young Children and Families

Programs

Hawaii has developed and funded a nationally recognized and frequently replicated network of Healthy Start family support programs. State funding for the program expanded until quite recently. The state also supplements the federal Head Start program.

- The ***Healthy Start*** family support program provides home-based intervention for children ages birth through five to enhance parent functioning, promote healthy child development, and prevent child abuse and neglect. Services are targeted to pregnant women and mothers of young children at risk for child abuse, and continue until children are five years old. Male home visitors work with young fathers. Hawaii's Healthy Start has served as a model for similar programs across the United States. There are twelve sites statewide that screen about 55 percent of the state's newborn population. State funding this year is $6 million, down from $8 million last year. Since the program began, the rate of child abuse and neglect among children under age five appears to be decreasing, and for serious hospitalization cases the rate is four times higher in communities without Healthy Start programs. A formal evaluation is slated for completion in January 1996.
- Hawaii supplemented the federal ***Head Start*** program with $530,000 in 1991–92.

Planning (Early Care and Education)

A planning process to build a comprehensive early care and education system awaits legislative action.

- Hawaii has created an ***Early Childhood Education and Care Coordinating Committee,*** housed in the Governor's Office of Children and Youth and chaired by the Governor and members of the Hawaii Business Roundtable. The Committee is charged with coordinating a planning process to link various early care and education programs in an effort to move toward a seamless system of early childhood care and education for children ages birth to eight, and with making recommendations to the legislature. Although no state funds are currently attached to the effort, the committee includes a wide range of stakeholders, including representatives from state, county, business, the early childhood care and education field, and the legislature. A preliminary plan for a permanent coordinating mechanism will go to the legislature in 1996.

Initiatives for All Children and Families

- ***Family Centers*** link community networks of family-serving agencies at a single point of entry and coordinate the delivery of family-centered services by different providers to address families' education, health, parenting, and social needs. The Centers are open to all families. Until June 1995 the state was spending $771,000 to support six sites. These sites are now developing community and private support to continue their work, and the state continues to fund one site with a $60,000 grant.

IDAHO

Overview

Idaho does not fund any special initiatives focused explicitly on young children and families.

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ILLINOIS

Overview

Illinois supports several different program strategies for young children and families.

Initiatives for Young Children and Families

Programs

Illinois funds a prekindergarten program, two types of family support programs for young children and families, and a small Head Start supplement.

- Illinois funds ***Prekindergarten*** services for children between the ages of three and five (although most are age four) at risk of school failure. Risk is determined by the child's socioeconomic background (determined through a parent interview and questionnaire) and/or by an initial screening. Comprehensive services are encouraged but not required. There is a range of parent involvement activities, and approximately 90 percent of programs conduct home visits. The state spends $101 million annually to serve over 30,000 children.
- The ***Model Parent Training Program,*** for families with children under age five, is a parent education program available to all families, with a priority for first-time parents. The program provides parent education to help parents support their children's development. The State Board of Education provides $3.9 million annually to fund services in local school districts.
- The ***Illinois Prevention Initiative*** provides prenatal care and family support for at-risk families with children up to age three. The initiative coordinates and delivers health and developmental services at the local level for children and families who live in specific catchment areas with high infant mortality rates. The State Board of Education uses $2 million to fund 16 local programs through private providers.
- Illinois supplemented the federal ***Head Start*** program with $500,000 in 1991–92.

Planning (Early Care and Education)

A plan for developing and financing a comprehensive early care and education system has been developed, but implementation depends upon legislative action.

- The state legislature authorized the creation of a ***Work Group on Early Childhood*** to develop a well-financed, high-quality system of early care and

education. The Work Group delivered a report to the Governor in March 1995. Recommendations include developing high-quality, comprehensive "Ready to Learn Programs" for early care and education, as well as state-funded full-day, full-year pre-kindergarten demonstration programs, as part of an effort to build a comprehensive system of services for young children and families. It is not clear what will happen to the recommendations.*

INDIANA

Overview

Indiana has linked state and community planning initiatives for all children and families that include explicit attention to young children and families.**

Initiatives for All Children and Families

- The ***Step Ahead*** initiative is intended to restructure state services and foster community planning to create collaborative, comprehensive, county-designed service systems for children ages birth to 13. While it is not explicitly focused on young children, the catalyst for the initiative was a concern about school readiness and helping Indiana's children meet Goal 1 of the National Educational Goals ("All children shall enter school ready to learn"). The statewide Step Ahead budget is currently $3.5 million a year. It provides small planning grants to counties, but not support staff or program costs. The initiative requires county planning efforts to include local providers of services for children and families, and encourages them to focus on four service areas: "educare" (child care and preschool services), family support, health and nutrition, and mental health. The state Step Ahead Panel provides planning grants, oversight, and technical assistance (including assistance with state and federal regulatory obstacles) to the county efforts. Its members come from the private sector and from state agencies and are appointed by the governor and the superintendent of public instruction. The state ***Cabinet Council,*** which includes representatives from a number of state departments, guides the initiative and oversees implementation of the county plans. The Council facilitates programs that cross multiple agencies by providing joint contracts, blended funding streams, and other forms of regulatory relief.
- The Child Care and Development Block Grant (CCDBG) was the first large funding stream that went through local ***Step Ahead Councils.*** All new federal and state funding will go through the local Councils, to integrate them with existing local programs, and the state has encouraged communities to merge their Part H Planning Councils with their Step Ahead planning efforts. The state offers local communities technical assistance, but little monetary support. The Council has also set up an electronic communication network to allow for continuous state-local dialogue. One employee from a participating state agency is assigned to each county as a "county-state facilitator," to bring local problems to the Cabinet Council.
- While Step Ahead does not have explicit program components, it has been a vehicle to help implement a ***Healthy Families*** initiative for families with young children, funded with federal funds for justice, mental health, and Title V programs. County Step Ahead Councils identified local providers to implement the program. The annual budget is currently $1.3 million, serving families in 22 counties. The state plans to expand the program to 11 additional counties by offering technical assistance and training, but the sites will have to raise their own program funds. Other county program strategies include: establishing family resource centers; linking Head Start with child care programs and connecting both to employment and training programs; and establishing family support and/or family preservation programs.

* In addition, The Illinois Facilities Fund (IFF) is a statewide nonprofit corporation with which the state Department of Child and Family Services (DCFS) has formed a public-private partnership to increase the supply of child care in underserved, low-income neighborhoods. DCFS guarantees subsidized child care contracts to newly-built child care centers in order to repay debts the IFF incurs to finance and build the child care facilities. Through tax exempt bonds issued by the state, the IFF has borrowed $13 million for construction funds; it has also received a $2 million grant and a $1 million no-interest loan to build seven new facilities in Chicago. Fourteen hundred children are served in six of these centers; others are under construction around the state.

** The state does not fund any cross-system, multi-service programs for young children and families by itself, although it helps communities support such programs through creative use of federal funds.

IOWA

Overview

Iowa has developed a comprehensive child development program approach for children ages birth to six.

Initiatives for Young Children and Families

Programs

Iowa funds two home-based initiatives for very young children, as well as a center-based early care and education program for preschoolers.

- Begun in 1989, the ***Comprehensive Child Development Programs*** provide parent support and home visiting for families of children ages birth to three and center-based early care and education to children ages three to five who are at risk of academic failure. Local programs provide a range of comprehensive services, including home visits, nutrition, dental, medical, social services, and a parent involvement component. The majority of programs are full-day, and the state requires local programs to provide full-day child care to parents who need it. Most center-based programs meet a minimum of four days each week, and use the fifth day for home visits. Programs are encouraged to link with medical services, WIC, and other local resources. Fifty-six center-based sites exist across the state, serving 1,600 three- to five-year-olds; twelve other sites serve 1,000 children ages birth to three. All programs receiving state funds must meet National Association for the Education of Young Children (NAEYC) accreditation standards. Annual state spending on the programs was $5.3 million as of July 1995; an additional $1.9 million was recently appropriated to serve more four-year-olds. Program funds can go to Head Start grantees, public schools, or nonprofit child care centers.

- Iowa also provides grants for six ***Healthy Start*** programs (based on the Hawaii model), which offer a range of family support and parent education services to prevent child abuse and neglect. These currently reach 15 percent of the infants born; some sites deliver services through local Family Resource Centers. The state spends $335,000 annually on the program, with significant corporate and local in-kind matching funds providing additional support.

Initiatives for All Children and Families

- The Department of Education's ***Family Resource Center Program and the School-Based Youth Services Program*** promote single-point access to a comprehensive, integrated, community-based system of family support and child development services, including parent education, employment and career development, life skills, child care, health and mental health, juvenile court, family counseling, parent involvement, recreation, and mentoring services. The Family Resource Centers coordinate elementary and preschool services such as community child development programs, Head Start, preschools, and child care services. The School-Based Youth Services Program focuses on middle and high school students with outreach to dropouts. The programs together receive $3 million in state education funding, and the scope remains limited to pilot sites, although additional Centers are funded by the state's Decategorization Program (see below) and by the state Department of Transportation.

- Iowa offers a total of $4 million in ***State Grants to Local Elementary Schools*** to improve the school environment for children and families. Twenty-six schools receive these grants. Local service strategies include home visits; referrals to other community and social services; parent volunteers; and reducing class sizes. The funds enable schools to hire nurses, counselors, social workers, and other specialists. Parent outreach enables many schools to provide services that address some of the needs of entire families, including those of younger siblings under age six.

Other Initiatives

- The ***Child Welfare Decategorization Project,*** established by the legislature and piloted in six counties in 1987, consolidates state funding streams for mental health, juvenile justice, foster care, in-home service, institutional care, and direct service workers. County human service agencies, boards of supervisors, and juvenile courts jointly develop services and programs using these decategorized budgets, with technical assistance from state agencies. The goal of the program is to provide preventive, family-centered, community-based services for children and families. Counties can retain the savings their efforts generate and reinvest them in local communities, and have the flexibility to fund new services. Currently the program covers 33 of Iowa's 99 counties, which represent about 65 percent of the state's population.

KANSAS

Overview

Kansas funds family support programs for families with very young children, and has a state and community planning initiative on behalf of children of all ages, using a public-private partnership model.

Initiatives for Young Children and Families

Programs

Kansas funds two family support programs for families with infants and toddlers, one based on Missouri's Parents as Teachers, the other on Hawaii's Healthy Start.

- The ***Kansas Parenting Program*** provides home visits, group meetings, health and developmental screenings, and referrals to other services to all parents from pregnancy until their children's third birthdays. The majority of participants are low-income with infants under age one. The program is modeled on Missouri's Parents As Teachers, and administered by the Department of Education. Recommended funding for fiscal year 1996 is $2.75 million, to serve 7,000 families in 212 school districts. ***Healthy Start*** provides home visiting services for all pregnant or parenting women with an infant less than one year old to promote prenatal and well-baby care. Priority is given to high risk families. This program is administered by the Department of Health and the Environment, and will serve approximately 16,500 families this year with state expenditures of $850,000. Most communities have either one of these programs. The Corporation for Change (see below) is considering whether the state should choose one program and establish it statewide, or continue to let communities make the decision themselves.

Initiatives for All Children and Families

Planning

Kansas has linked state and community planning initiatives for children and families. Communities have wide leeway to identify the focus of their efforts.

- The ***Corporation for Change*** is a state-level nonprofit corporation created by the legislature in 1992 in response to a recommendation by the Special Legislative Committee on Children's Issues, which developed the Blueprint for Investing in the Future of Kansas Children and Families. A public-private partnership, it seeks to modify local service delivery systems to provide family-centered, community-based, decategorized services by offering technical assistance and guidance to community planning councils. The Corporation's statewide strategic plan includes a rolling refinancing component, gives local councils flexibility to design local service systems according to their needs and priorities, and tracks the outcomes of their efforts.
- Currently, 37 Kansas communities have ***Blueprint Councils.*** The Corporation has provided one- or two-year planning grants (of $20,000 to $50,000 each) to five communities, and implementation grants (of $100,000 apiece) to another five sites. The state Department of Social and Rehabilitative Services is using federal Family Preservation and Support funds to provide similar implementation grants to an additional five communities. Communities must provide a 25 percent in-kind match. Some sites have used their grants to extend their Healthy Start or Parents as Teachers programs (see above) to neighboring counties, or to expand them to serve children up to age five. Many sites, however, focus their efforts on slightly older children.

Other Initiatives

- ***Regional Interagency Councils*** coordinate delivery of specialized services to children and youth whose needs cannot be met by any one agency. The Councils are legislatively mandated and bring together public social services, education, the courts, mental health, public health, developmental disabilities, early childhood education and other service providers, parents, and the business community to develop plans to serve the unique needs of individual children. The Regional Interagency Councils are, in most communities, the same as the local Blueprint Councils.

KENTUCKY

Overview

Kentucky has several parallel program and planning initiatives: school-linked Family Resource Centers that have specific program components for young children, an enhanced prekindergarten program, and new state and community planning efforts for children of all ages.

Initiatives for Young Children and Families

Programs

The major program initiative targeted explicitly and exclusively to young children is the state's enhanced prekindergarten program.

- The ***State Prekindergarten Program,*** created as part of the court-ordered Kentucky Education Reform Act (KERA) of 1990, targets four-year-old children from low-income families and three- and four-year-old children with disabilities. (Low-income is defined as being eligible for free lunches.) Each school district is required to make services available to all eligible children, either through district-provided programs or contracts with other public or private providers (20 percent of the districts contract for services). Local districts must collaborate with Head Start to maximize use of federal funds. In fact, 49 percent of districts blend funding with Head Start, and many are collocated with Head Start facilities. Programs must provide comprehensive services (though not at a level comparable to Head Start), including health screenings, nutrition services, parent education and involvement, developmental screenings, and coordination with health, mental health, and social service providers. While most are half-day programs, about half of the sites have Family Resource Centers that provide wraparound services such as child care and after-school programs (see Family Resource Center description below). The state spends $37 million annually to serve nearly 15,000 children.

Initiatives for All Children and Families

- Also created by KERA, the ***Family Resource/Youth Service Centers*** (FR/YSCs) are school-based integrated service centers funded by a state budget allocation. The Family Resource Centers serve preschool through elementary school children and their families, while the YSCs serve older children. Local public schools can apply for grants if more than 20 percent of their students qualify for free school meals. Each center defines its own goals based on local needs assessments; the centers provide a range of state-mandated services, including parent education, child care, training for child care providers, health care, social services, employment counseling, substance abuse counseling, mental health services, and programs for adolescent parents. The local centers target young children through the ***Parent and Child Education*** program, which provides a high-quality preschool program for three- and four-year-olds (see above), along with literacy tutoring, adult basic education, and support groups for their parents. State project staff help sites identify funding for services, and provide technical assistance and regulatory relief where necessary. As of May 1995, there were over 478 centers, with plans to fund over 600 in 1996. Through 1994, the Centers had served over 22,000 students and 17,000 families. The state spends $36 million each year on the FR/YSCs; funds come through the Department of Education and are administered by the Department of Health and Human Services.

Planning

Kentucky's new Commission on Children and Families serves as a vehicle for planning and coordination across state agencies, and supports collaborative planning among service providers in selected counties.

- The Governor established the ***Kentucky Commission on Children and Families*** in 1994 to create consistent statewide planning, coordination, and local decision-making on behalf of Kentucky's children and families. The Commission includes cabinet secretaries and public representatives. It seeks to improve family functioning, reduce barriers to learning, improve child health, and improve child development. Through an interagency staff team, the Commission provides technical assistance (but no funding) to eight selected ***County Collaboratives*** of service providers (including Head Start and other programs serving young children). The collaboratives conduct needs assessments and develop visions for comprehensive, family-focused, outcome-oriented, consumer-driven local systems for funding and delivering services for children and families.*

Other Initiatives

- In 1990, the Kentucky legislature created a State Interagency Council and Regional Interagency Councils to develop coordinated, community-based services for children with severe emotional disturbance. This legislation was followed by a state plan, ***Kentucky Interagency Mobilization for Progress in Adolescent and Children's Treatment*** (IMPACT). IMPACT serves children under age 18 with serious emotional problems by coordinating education and

* One county, for example, is developing a Resource Mothers Program for teenage parents with children ages birth to three. Another is establishing eight neighborhood-based, one-stop service centers to provide a range of social and health services, including AFDC and other family supports.

mental health services. Regional Interagency Councils exist throughout the state. Nearly 1,500 children are served; they represent less than five percent of the estimated 51,000 children in the state with mental health needs. Of the children receiving services, two hundred (around 13 percent) are preschool age. The State Interagency Council plans to expand its scope to serve more children with mental health needs. The budget for the initiative is currently $10 million per year; funds come from the state Departments of Mental Health, Social Services, and Education, as well as Medicaid.

LOUISIANA

Overview

Louisiana funds a prekindergarten program for young children.

Initiatives for Young Children and Families

Programs

Louisiana's prekindergarten program serves at-risk low-income four-year-olds.

- The state used investment income from an offshore oil spill settlement with the federal government to create the ***Model Early Childhood Program.*** Services are targeted to at-risk, low-income four-year-olds who are not ready for school. Although most programs are full-day, comprehensive services are not required. The state spent over $3.5 million in 1991–92 to serve about 1,750 children in 64 of Louisiana's 66 school districts.

Other Initiatives

- Louisiana's ***Children's Cabinet*** conducts state-level cross-agency planning focused on children at risk of out-of-home placement. The Children's Cabinet is an interagency body of the executive departments that serve children and families. Established by legislative mandate, it is charged with coordinating children's services across agencies, reducing duplication of effort, documenting annual expenditures on children's services for the legislature, encouraging prevention services to reduce out-of-home placement, and seeking uniform rate structures for services. Initiatives include creating local interagency service provider committees to design and implement individualized preventive service plans for families with children at risk of delinquency. Cabinet subcommittees also plan the interagency use of all discretionary federal funds, including anticipated federal block grants. The Cabinet recently submitted a State Plan for Coordinated Services to the legislature, which includes (among other suggestions) a recommendation that the state fund Healthy Start programs in communities.

MAINE

Overview

Maine funds several program initiatives for young children.

Initiatives for Young Children and Families

Programs

Maine's program strategy for preschoolers builds on Head Start. In addition, the state is expanding an existing health-based home visiting program to make it more like Healthy Start.

- Maine funds a state Office of Head Start and an Office of Child Care, which coordinate programs and integrate comprehensive services for early childhood programs. State ***supplemental Head Start*** funds total approximately $2.5 million per year and enable federal grantees to serve additional children. The federal regional Head Start office monitors the state-funded programs through an agreement with the state Office of Head Start. Head Start grantees in Maine have also been approved as Medicaid providers for administrative case management, so they can be reimbursed for helping the children in their programs to gain access to health services.
- The Maine legislature recently mandated a three-site pilot project modeled after Hawaii's ***Healthy Start/ Family Support*** program. It will build on the existing statewide home visits under the auspices of the Women's and Children's Preventive Health Programs*

* Women's and Children's Preventive Health Programs offer home visits to at-risk families statewide to ensure that women, infants, and children have access to appropriate health care services that meet clinical standards. Public and community health nurses from private, nonprofit agencies provide family assessments, child development counseling, and referrals to appropriate support services like WIC, AFDC, Medicaid, and Child Protection. The state provides well over $1 million annually to support the program's infrastructure and the home visits; additional funding for direct health services for the families comes from private insurance and Medicaid.

by cross-training home visiting nurses to address families' psychological needs and Child Protective Services staff to address families' health needs. Maine will initially fund the pilot project with $560,000, starting in fiscal year 1997.

MARYLAND

Overview

Maryland funds two types of programs for young children and families.

Initiatives for Young Children and Families

Programs

Maryland supports a network of family support centers for very young children and their families, as well as a prekindergarten program targeted to young children in high risk communities.

- The Maryland Department of Human Resources (DHR) contracts with Friends of the Family, a private, nonprofit organization, to coordinate Maryland's network of ***Family Support Centers.*** The Centers provide drop-in, comprehensive, preventive family support services to all families with children ages birth to three in neighborhoods with high concentrations of teen pregnancy, poverty, low-birthweight babies, school dropouts, child abuse, and unemployment. Services are targeted especially to pregnant and parenting teens. Friends of the Family also promotes the integration of Family Support Centers with other state and local human service initiatives. In fiscal year 1996, DHR will spend $3,780,453 to operate twenty-two Centers across the state.
- The ***Maryland Extended Elementary Program*** targets particular school systems rather than particular children. Schools that are eligible for federal Title I funding are also eligible for state prekindergarten funds. All four-year-old children in targeted school districts are eligible for the program. There are no comprehensive service requirements beyond a parent education component, though 75 percent of programs conduct home visits and all stress parent involvement. The Program serves over 8,000 children in 23 local school districts, with a budget of $11.6 million in 1995.

Other Initiatives

- The Maryland ***Subcabinet for Children, Youth and Families*** was established in 1989. The Subcabinet consists of the secretaries of Human Resources, Education, Health and Mental Hygiene, Juvenile Justice, and the Department of Budget and Fiscal Planning, as well as the director of the Governor's Office for Handicapped Individuals. The Subcabinet is chaired by the Special Secretary for Children, Youth, and Families, and is responsible for interagency decision-making and developing policy and resources to meet the needs of Maryland's children and families. It focuses primarily on children at risk of out-of-home placement. ***Local Management Boards*** (LMBs) design, implement, and monitor plans for populations requiring interagency services, such as families with children in or at risk of out-of-home placements. The State Office of Children, Youth and Families (which staffs the Subcabinet) provides technical assistance and support to the LMBs. The state also offers joint training for child welfare, juvenile justice, and child mental health staff.

MASSACHUSETTS

Overview

Massachusetts has developed several program initiatives for young children and families, including an enhanced prekindergarten program that encourages partnerships among Head Start, child care providers, and the public schools.

Initiatives for Young Children and Families

Programs

Massachusetts has a flexible prekindergarten initiative designed to foster connections across all early care and education settings. In addition, some statewide programming is emerging to support families with infants and toddlers.

- ***Community Partnerships for Children*** is the state's enriched prekindergarten program. This program makes grants to selected local partnerships of child care providers, Head Start programs, and schools to enable them to develop and implement joint plans to improve and coordinate education, health, and social services for families with young children. Most communities target services for three- and four-year-old children, and seek to provide comprehensive

social, health, and family support services to children and families, training for providers, and other family supports through neighborhood family centers, home visits, parenting classes, health screening, or other strategies. The legislature recently revised the initiative to focus explicitly on the needs of working parents. Local programs must seek accreditation by the National Academy of Early Childhood Programs. The Department of Education administers the program with a budget of $24.3 million in fiscal year 1996. In 1995, with a budget of $14.3 million, the program made 106 grants to provide services to 6,400 children in 130 communities.

- The state supplemented the federal ***Head Start*** program with $6 million in 1991–92.
- The ***Massachusetts Family Network*** is a demonstration family support project to develop local family outreach strategies for children ages birth to three. The program is administered by the Department of Education and designed and implemented locally by collaboratives of community-based service providers. Services include parent education, literacy, home visits, parent support groups, play groups, and links to social and health services. The state spent $1.4 million to support ten demonstration sites this year, and plans to expand the initiative statewide in the future.
- The ***Pregnant and Parenting Support Program*** provides health assessments and interventions, case management and advocacy, parent education and support, developmental screening, and other services through home visits to at-risk pregnant and parenting women, including teens. The program serves women during pregnancy and children up to age one (two pilot sites currently serve children until age three). Twenty-one programs exist around the state with total state funding of $1.8 million.
- Massachusetts extends the federal ***Part H/Early Intervention*** (EI) program to children ages birth to three who are at risk of developmental delays (the federal Part H program only funds states to serve children with actual delays). An Individual Family Service Plan is developed for each child, and 65 community-based EI programs around the state provide services. Funding comes from Medicaid and Part H; in addition, the state spends $18.2 million each year (exclusive of its Medicaid match) to support services for at-risk children.

Planning (Early Care and Education)

A plan for a comprehensive early care and education system has been proposed but awaits legislative action.

- A state ***Special Commission on Early Childhood*** recently developed an overarching plan to coordinate all early care and education programs in Massachusetts. It analyzed and proposed revisions in the connections among state-funded prekindergarten, subsidized child care, and Head Start programs. The Commission, with representatives from a variety of organizations involved in early care and education, is developing a more integrated early care and education system featuring increased interagency planning and collaboration among the many early care and education programs that serve overlapping populations of young children. The Commission is also developing a structure for pooling and disseminating data across programs to parents, providers, and state agencies. However, implementation of the recommendations will depend on additional funding from the legislature.

MICHIGAN

Overview

Michigan funds a prekindergarten program and a network of programs for pregnant women and infants.

Initiatives for Young Children and Families

Programs

Michigan's prekindergarten initiative serves four-year-olds and requires local advisory boards. The state supplements federal funds for maternal and infant support services, and for many years has been developing a network of infant mental health programs.

- Michigan's ***Prekindergarten Program*** provides half-day services to four-year-olds who meet one of 25 criteria (such as eligibility for free or reduced-price school meals, parental substance abuse, child abuse or neglect, living in segregated areas, low birthweight, birth to teen parent, or developmental delays). Funds are available either for public school-run programs or through competitive grants to other providers, including Head Start and nonprofit child care centers. Fifty percent of the children served in non-school programs must be from low-income families. Although the state does not require local programs to offer comprehensive services to families, local programs must have advisory boards that include parents as well as administrators, Head Start and other child care providers, as well as representatives from the Departments of Health, Mental

Health, and Social Services. The program serves 13,000 children in public school programs, and 3,500 children in programs operated by other providers, with budgets of $52.7 million and $10.5 million, respectively.

- ***Maternal and Infant Support Services*** provide home visits and parent education to pregnant women and young mothers with children up to age one who are eligible for Medicaid. A nurse, dietician, and social worker provide tertiary services to reduce infant mortality and child abuse and neglect. Families are referred to the program in cases involving substance abuse, teen mothers without family support, histories of child abuse and neglect, low birthweight, poorly functioning mothers, dangerous living situations, or homelessness. The state spends $5.1 million per year on Maternal and Infant Support Services, and $1.8 million on Infant Support Services only, serving almost 25,000 mothers and 7,000 infants.

(•) The ***Infant Mental Health Services*** program offers parenting education, family support, and a range of other interventions, including psychotherapy, to families with infants at risk of developing mental health problems. Community mental health agencies deliver the services, mostly through home visits. Families are referred to the program from hospitals and by public health nurses, or from other social service providers, if parents' conditions appear to risk impairing their infants' attachment and nurturing development, or if the children appear at risk of being abused. Services are provided to families until their infants' first birthdays; some sites offer services through age three. The program is available in 36 sites around the state, supported by a mix of Medicaid and other funds. The state portion of the budget is approximately $3 million annually.

Other Initiatives

- Michigan has a multi-faceted family preservation initiative that seeks to reform the system of services for severely troubled children of all ages. ***Families First*** provides intensive short-term crisis services (such as wraparound, family counseling, and substance abuse counseling) to families at imminent risk of having a child removed from the home. Families are referred by protective services, foster care, delinquency, community mental health, public health, or probate courts. A demonstration project extends services to families through public health, mental health, and substance abuse programs, as well as the courts in pilot counties. ***Strong Families/Safe Children*** establishes public-private community partnerships that bring together representatives from the various family preservation efforts to build on and streamline existing efforts to decrease child abuse, neglect, and family violence, in order to decrease the number of out-of-home placements.

MINNESOTA

Overview

Minnesota has a linked set of state and community planning strategies for all children and families, coupled with explicit program strategies for young children and families.

Initiatives for Young Children and Families

Programs

The state has a set of almost universally available programs for children ages birth to three and for those ages three to five. The effort has grown steadily.

- The ***Early Childhood and Family Education Program*** (ECFE) is a family support program that was developed through a series of pilot programs funded by the legislature starting in 1974. The program provides parent education to all families with children ages birth to four to strengthen families and support parents' ability to foster the healthy growth and development of their children. Each program has a local advisory council, and programs vary to meet the needs of families in their communities. Program components include: parent discussion groups, play and learning activities for children, parent-child activities, home visits, early screening for children's health and developmental problems, and information on other community resources for young children and families. The program operates in 360 school districts and Minnesota's four tribal schools, with open enrollment and universal access throughout the state. Over 258,000 children and parents participated during 1993–94, representing 40 percent of Minnesota's children ages birth to four. The programs are funded by a combination of local school levies and state funds allocated according to local tax capacity. Combined state and local funding for the program is currently over $30 million annually. Some school districts supplement their program budgets with registration fees and funds from other sources.

- The ***Learning Readiness Program*** is a flexible initiative, first funded by the legislature in 1991, that supports locally-designed family support or prekindergarten programs. It provides planning and service delivery funds to help school districts develop and implement a continuum of developmental and other services for all children between age three and one-half and entry into kindergarten. Each local program has an advisory council to identify gaps and coordinate services, and can use Learning Readiness funds to fill service gaps or to link existing services (for example, by funding half-day prekindergarten classes where existing Head Start capacity is insufficient and linking them to the state's ECFE program). Local programs must include: a comprehensive plan to coordinate existing social service programs through collaboration among services to families with young children; a development and learning component; health referrals; a nutrition component; parent involvement; community outreach; and community-based staff and program resources. After an early childhood screening, children with the greatest needs receive referrals to more comprehensive services. The state departments of Children, Families and Learning, Health, Human Services, and Economic Security review all local plans. In fiscal year 1996–97 the legislature will allocate roughly $9.5 million for Learning Readiness efforts. Currently, 343 out of 379 Minnesota school districts have approved programs, serving 91 percent of the four-year-olds in the state. All other school districts must have programs in place by 1996.
- Minnesota also supplements local ***Head Start*** programs to serve additional children. In 1991–92 state supplemental Head Start funding was $6.5 million; it has remained relatively stable since then.

Initiatives for All Children and Families

Planning

Minnesota's planning efforts target all children and families, with explicit provisions for young children. They encompass a state-level planning effort to streamline state agencies and disseminate outcome indicators, as well as a community-level planning and governance initiative.

- Initial planning began under Minnesota Action for Children, a bi-partisan public-private planning group created in 1991. ***Minnesota Milestones,*** created in 1991 by the Governor, is the state's initiative to set benchmarks to measure outcomes for children and families. Citizens provide input on appropriate outcomes and performance measures at community meetings. Based on this input, Milestones originally established twenty common goals for state agencies and seventy-nine indicators to measure their achievement. The state develops periodic updates to report on progress and widely disseminates the results. A children's report card, for example, is available throughout the state on computers, and by special request in Braille, large print, or audio tape.
- The ***Children's Cabinet,*** made up of the secretaries of the Departments of Education, Health, Human Services, Economic Security, Corrections, Transportation, Finance, Public Safety, and Administration was created in 1992. It has developed specific strategies to meet the benchmarks related to children. For example, Minnesota's first integrated children's budget was presented to the legislature in 1993. In 1995, the Children's Cabinet and the Legislative Commission on Children, Youth and Families created a new ***Department of Children, Families and Learning*** to replace the existing Department of Education, to provide a single point of accountability for outcomes. The state Department of Human Services is simultaneously being reorganized.
- Starting in 1994, the Cabinet awarded local ***Family Service Collaborative Grants*** to communities to build local comprehensive service systems for children ages birth to 18. The systems must contain specific provisions for serving pregnant women and children ages birth to six. The grants are intended to help local collaboratives assess their needs, identify service gaps, and develop comprehensive joint initiatives, eventually including neighborhood family centers. These centers link new and existing early intervention and prevention services (such as prenatal outreach and care, home visits to mothers of new babies, health screening for young children, parent education and support, and streamlined referrals and eligibility for all child and family services). Collaboratives must include one school district, one county, and one public health organization, as well as broad community representation. Each collaborative is required to establish clear goals for addressing the health, developmental, educational, and family-related needs of children and youth, and to measure progress toward achieving those goals. They may also serve as the planning mechanisms for implementing new federal initiatives (such as block grants). Some of the local grantees also receive collaborative planning grants from the Pew Charitable Trusts through the Governor's office and from the Department of Human Services' Children's Mental Health

Collaborative. Each Family Service Collaborative site engaged in these other initiatives must integrate its various collaborative strategic plans and funds within three years. Thirteen communities have received implementation grants and over 40 more have received smaller planning grants. The legislature appropriated over $14 million, in 1995, to fund implementation in the existing planning sites and further implementation in the first 13 sites. The University of Minnesota is conducting a joint evaluation of the Family Service Collaborative Grants and the state's Children's Mental Health Collaborative.

- A state-level ***Children's Interagency Technical Assistance Team*** (ChITA), created in 1994, provides technical assistance to grantee communities. ChITA includes staff from the Children's Cabinet agencies, as well as representatives of Part H, the Family Services Collaborative, the Children's Mental Health Collaboratives, the Minnesota Children's Initiative, Title IV-B, the Family Support and Preservation Project, and the Children's Transitional Interagency Teams.

MISSISSIPPI

Overview

Mississippi funds programs for special populations of young children and families.

Initiatives for Young Children and Families

Programs

Mississippi has developed program initiatives for special populations within the early childhood population, providing funds to communities for child abuse prevention and early childhood mental health programs.

- The ***Children's Trust Fund of Mississippi*** provides financial assistance for family support, parent education, and early intervention services to prevent child abuse and neglect and to reduce the need for state intervention with families. Six community-based organizations that provide services to children ages birth to six received grants in fiscal year 1995–96. The Children's Trust Fund of the Mississippi Advisory Board was authorized by the legislature in 1989. The Department of Human Services, Division of Family and Children's Services, is the lead agency for the program. Other service systems represented include the Departments of Health, Mental Health, and Education, as well as the Parent Teacher Association, Head Start, members of the business community, and others. Current annual funding for the Trust Fund is $300,000.

- The Department of Mental Health funded four community-based organizations to provide targeted early childhood mental health programs in fiscal year 1996. Most of the programs focus on crisis intervention and prevention, but one of the sites has a parent-child development program featuring early intervention services. The request for proposals requires that specific outcomes be measured, including family satisfaction and diversion of children from institutional, out-of-home placements. The local sites are funded with a mix of federal and state funds. The legislative appropriation for each site is approximately $25,000. In addition, Mississippi's State Interagency Coordinating Council for Children's Mental Health includes an ***Infant/Toddler Coordinating Group*** with representatives from the Departments of Education, Health, Human Services, and Mental Health, as well as Head Start, state university faculty, and the Division of Medicaid, who are appointed by the governor.

MISSOURI

Overview

Missouri has a statewide parent education program for families with young children, as well as public-private state and community planning initiatives for children of all ages and their families.

Initiatives for Young Children and Families

Programs

The core state-funded program for young children ages birth to six in Missouri is Parents as Teachers, a model that many other states and communities have replicated.

- ***Parents as Teachers*** (PAT) seeks to strengthen the foundations of future learning in all children from birth to kindergarten through parent education, developmental screenings, and referrals to other services. The program is active in every school district in the state, and has been replicated in many other states and communities. Specialized approaches have been developed for low-income families. The total annual PAT budget is a little over $16 million, of which the state contributes over $15 million.

Initiatives for All Children and Families

Planning

Missouri's Family Investment Trust is a statewide public-private partnership created to foster community planning for school-linked services integration.

- The ***Family Investment Trust,*** a state public-private partnership created by Executive Order in 1993, includes five state agencies (the Departments of Social Services, Health, Mental Health, Labor and Industrial Relations, and Elementary and Secondary Education), as well as four private foundations. It provides funding, training, and technical assistance to help communities build collaborative governance structures to design and implement effective, flexible service strategies (modeled on the ***Caring Communities*** school-based integrated services project in St. Louis) to strengthen families, help parents find and maintain employment, and keep children and families safe and healthy. The state partnership also identifies cross-system financing strategies and accountability measures. The state expects to fund Caring Community planning collaboratives in 30 to 60 communities in fiscal year 1996, with a budget of $21.6 million, of which $16.8 million will come from funds appropriated for the departments involved in the initiative; the remaining $4.8 million will be funded from existing programs. The projects will be funded entirely from new federal funds and redirection of existing state and federal programs, without adding any new general revenue.

MONTANA

Overview

Montana funds comprehensive family support programs to prevent child abuse.

Initiatives for Young Children and Families

Programs

The Partnership to Strengthen Families provides comprehensive services to families at risk of child abuse.

- The ***Partnership to Strengthen Families*** is a child abuse prevention initiative in 19 high risk communities across the state. Teams of local service providers, families, and community members meet with state Department of Family Services staff to identify successful services available, existing gaps in services, and additional resources required to provide services unavailable to families. Each community team then creates a service plan to build on family strengths while keeping children safe. Services in these plans include parenting education, communication and problem-solving skills, budgeting skills, respite care, linking families to services and medical care, transportation, and outreach. With a budget of $1.3 million in fiscal year 1995 the program served 450 at-risk families (ten percent of total at-risk families).

Other Initiatives

- ***Managing Resources Montana*** (MRM) is an interagency initiative of the Department of Family Services and the state's other human services agencies to design and deliver comprehensive services to emotionally disturbed youth. Administered by five regional teams, MRM stresses local planning and control, shared responsibility, and family involvement. The program cost $4.6 million in fiscal year 1994–95 and served over 1,500 clients.

NEBRASKA

Overview

Nebraska has begun a new community planning initiative targeted specifically to young children ages birth to six and their families.

Initiatives for Young Children and Families

Planning

The state encourages communities to plan collaboratively to improve outcomes for young children and families.

- ***Good Beginnings*** helps communities develop collaborative programs and funding to improve the way health, education, and social services are delivered to children ages birth to six and their families in order to promote child health, enhance parenting skills, improve children's readiness for school, and reduce child abuse and neglect. Through a contract with the YWCA, the state offers technical assistance to community planning efforts. Communities identify and implement program strategies that address their local needs, including family resource centers, home visiting programs, and other integrated service strategies. The state undertook the initiative at the recommendation of the Governor's Commission for the

Protection of Children. The First Lady is the Honorary Chair; her efforts include promoting volunteer involvement, enlisting support from private companies and nonprofit organizations, recognizing outstanding community-based programs, and increasing public awareness of the needs of young children. Fifty communities are currently participating in the initiative, which is largely funded and driven at the community level.

NEVADA

Overview

Nevada has a unique state program focused on young children with special behavioral, emotional, and developmental needs.

Initiatives for Young Children and Families

Programs

Nevada has an early childhood services agency providing family supportive mental health and developmental services.

(•) In 1991, Nevada created the Child and Family Services Division, consolidating Child Protective Services, Child Welfare Services, Juvenile Justice Services, Child Care Services, Early Childhood Special Education Services, and Child Mental Health Services into one organization. Within this new division, the ***Early Childhood Services*** program administers state- and local-level programs for children ages birth through six, including Family Preservation Services for young children, respite care, Early Intervention for infants and toddlers, Child Mental Health Treatment, targeted Case Management Services, and Therapeutic Day Treatment. Through an interagency agreement and sub-grants, the Early Childhood Services Program has linkages with early childhood programs within the Division of Health. At the community-level, Early Childhood Services has close linkages with parents and child care providers. The program works to recruit, train, and consult with institutional and family care providers, and works closely with Head Start programs to serve high risk children and their families. The Early Childhood Services Program also collects statewide data on the incidence of young children at-risk for serious emotional disturbances and developmental delays. Annual funding for mental health services for children ages birth to six is $1.6 million, split between the federal and state governments.

(•) The state is also working to integrate developmental and mental health services for children ages birth to two with developmental delays. The integration covers all aspects of the service delivery system, including quality assurance, personnel qualifications and development, early intervention services, and other issues. Approximately 300 children with developmental delays and 800 children with mental health needs will benefit from the integrated system. Funding for the initiative is almost $5.5 million this year. Over $3 million comes from the state and the remainder comes from federal sources.

NEW HAMPSHIRE

Overview

New Hampshire has developed two program approaches, one to prevent child abuse and one to cross-train agency staff to work with young children. It also provides a small Head Start supplement.

Initiatives for Young Children and Families

Programs

New Hampshire funds community-based and in-home services to families in need of services and at risk of child abuse or neglect, offers a small supplement to federal Head Start grantees, and provides interdisciplinary training for the staff of state and community-based agencies that serve young children.

- The ***Family Resource and Support Program*** began operating in 1992 through community-based providers under contract with the state Department of Children, Youth, and Families. The program provides family stabilization and support through home visits by social workers, as well as preventive child care, to families with children ages birth to twelve that meet one of several risk factors related to child abuse or neglect. Program goals include: supporting families experiencing social, emotional, health, or other problems that interfere with their ability to care for their children; assisting families to gain access to appropriate funding for child care; and supporting child care staff who serve children at risk of abuse or neglect. Services are voluntary and based on families' strengths. Preventive child care is available, as well as services to supplement the efforts of the

program's social workers. Flexible funds are available to communities to address unique family needs. State funding is over $1 million annually.

- State funding to supplement the federal ***Head Start*** program was just over $200,000 in 1991–92.
- Through the ***Accessing Developmental and Psychological Training*** (ADAPT) program, a pediatrician, a child psychologist, and an infant mental health specialist travel throughout the state to cross-train the staffs of the state Departments of Education, Mental Health, Health, and Children, Youth, and Families. After an initial pilot project, the program is now statewide.

NEW JERSEY

Overview

New Jersey funds an enhanced prekindergarten program in urban school districts with high poverty rates. It also has several cross-agency initiatives for older children that currently do not explicitly address the needs of young children.

Initiatives for Young Children and Families

Programs

New Jersey has an enhanced prekindergarten program for urban three- and four-year-olds, and uses state funds to support extended-day services similar to those of Head Start.

- The ***Goodstarts Preschool Program*** provides early childhood education, child health and nutritional services, extended-day child care, parent education and involvement, and social services to over 2,600 at-risk children ages three and four and their families who live in urban areas. The goal is to provide a comprehensive continuum of services for low-income children and their families in order to improve their economic well-being. Program funds are targeted to low-income urban school districts with special needs, such as underserved preschoolers, high poverty indexes, and high numbers of children lacking basic skills by third grade. Grantees include school districts and community-based early care and education programs. The state provides "start-up" money, but local programs must be funded by recurring sources by the end of their third years. The program is a collaboration between the Departments of Education and Human Services, with an interagency management team providing administrative oversight. Goodstarts began in 1993, following a one-year pilot program called the Urban Prekindergarten Program. Nine school districts currently have grants. The total state budget is over $10 million in the current fiscal year, including $2.3 million in federal CCDBG funds and $8 million in New Jersey Department of Education Grants-In-Aid funding from the state lottery.
- New Jersey contributes $1.4 million to enable federal Head Start grantees and state-contracted child care centers to provide ***extended-day services similar to those of Head Start.***

Initiatives for All Children and Families

- The ***New Jersey School-Based Youth Services Program,*** an integrated services initiative for at-risk children and families, started in secondary schools in 1988 in order to link services provided by the education and human service systems. The effort is led by the Department of Human Services' School-Based Youth Services Program. In 1990, the program expanded to several elementary and middle schools. Each site provides health care, mental health and family counseling, job training, and substance abuse counseling. Sites also provide parenting education, tutoring, dropout prevention, child care information and referrals, and family planning services to teen parents. Three (soon to be four) sites also provide on-site, full-day child care to the children of teen parents, along with comprehensive family support to the parents. The program currently operates in 29 school districts across the state. The state spends $7 million annually on the program.

Other Initiatives

- The ***Youth Incentive Program*** (YIP) is a collaboration between the New Jersey Departments of Human Services and Mental Health Services. It furthers development of an integrated, comprehensive system of care to respond to the individual needs of children and families who are at risk of placement in the most restrictive institutional settings. The primary goals are to enhance cross-system planning and client case assessment in each county; expand core community services; reduce reliance on institutional care (especially out-of-state placements); and allow for individualized, client-centered "wraparound" services. The New Jersey Department of Human Services, Division of Youth and Family Services, Division of Mental Health and Hospitals, and

Division of Developmental Disabilities jointly manage and fund the program. The program operates in every county, supported by state funding of $7.8 million in fiscal year 1995. A small number of the children served are under six years of age.

NEW MEXICO

Overview

New Mexico has a small enhanced prekindergarten initiative.*

Initiatives for Young Children and Families

Programs

The state funds an enhanced, flexible prekindergarten program, as well as a network of comprehensive family support programs for teen parents and their children.

- The state's ***Comprehensive Child Development Program*** offers half-day prekindergarten classes and/or family support services (through parenting classes or home visits) for families with children ages birth to five. The program also supports some school-based child care and comprehensive family support services for teen parents and their children. The initiative includes components that assure quality and support career development for child care providers. The legislature appropriates approximately $800,000 each year, supporting programs in 18 communities across the state.

- The state also funds a network of programs for teenage parents and their children at 22 high schools across the state. Known as the ***"Grads" Program,*** they offer family support, parent education, and child health and development services to teenage parents. The legislature appropriated $235,000 in 1995 to the Department of Education to support the initiative.

NEW YORK

Overview

New York has a scattered set of program initiatives that partially serve various populations of young children.

Initiatives for Young Children and Families

Programs

New York funds a prekindergarten program and a small parent education program.**

- The state ***Prekindergarten Program*** for low-income children provides early care and education, and encourages its local providers to offer social, health, and nutrition services, as well as parent involvement and support. The Program is administered and monitored by the state Department of Education, Division of Child Development Services. Division staff provide technical assistance to local programs. Public school districts and Boards of Cooperative Educational Services are eligible local program grantees, and must build active links with other providers and funding streams for early childhood services. Traditional programs provide part-day sessions for three- and four-year-olds, primarily in center-based settings. Collaborative programs provide extended-day services in cooperation with a Head Start or regulated child care program; parents must be working, attending school, or participating in a training program. Year-round, extended-day services are available as an option in school districts that operate a Community Schools Program. There are currently 145 local programs serving 19,500 children; appropriations for fiscal year 1995–96 are $52 million.

- Since 1978, ***Parenting Education Grants*** have provided funds to Board of Cooperative Education Services and eligible nonprofit organizations to establish parent education programs. These programs

* A community-based planning process initiated in 1992, known as the Children's Agenda, was discontinued in 1994 with a change in governors. Local Children and Family Councils were assigned to develop local strategies to meet priority problems, develop and promote innovative community service approaches, coordinate fiscal strategies, and assess and monitor outcomes. Community-based planning for systems reform continues with a child health focus, through a $2.6 million annual state appropriation to county Maternal and Child Health Councils. New Mexico also had a Healthier Communities planning initiative, but state funding has been discontinued.

** In 1994, the legislature also appropriated $10 million to establish Family Preservation Centers, to be designed by local communities to provide counseling and support, drop-in child care, WIC, family health clinics, community and parent outreach and education, and other social services. The state awarded contracts to twenty-three community-based agencies to develop the centers but the legislature did not renew the funding this year. The state departments of Social Services, Child and Family Services, and Health are also using federal Family Preservation and Support funds to offer Healthy Start home visits, modeled on the Hawaii program, through 15 community-based organizations around the state.

seek to prepare children for successful roles as future parents and caregivers, and provide information and support to parents and other adults who care for children. The 1995–96 legislative appropriation is approximately $500,000 (roughly half the previous year's funding), to support ten local programs around the state.

NORTH CAROLINA

Overview

North Carolina's Smart Start is a comprehensive state and local planning initiative to develop and coordinate programs targeted exclusively to young children and families.

Initiatives for Young Children and Families

Programs

The state provides flexible dollars for county Smart Start partnerships to use to enrich the array of services and supports for young children and families. The state also funds a complementary network of family resource centers.

- County initiatives include quality improvement grants for child care centers and family child care homes, child care subsidies for low-income families, one-stop family resource centers, family support services, health check-ups and mobile health vans, and transportation to help families gain access to services. Statewide components of ***Smart Start*** include: a child immunization campaign; lowering child care staff ratios for infants and toddlers; increasing the number of state staff who monitor and assist child care providers; increasing the child care tax credit on a sliding scale for families earning less than $40,000; scholarships for child care teacher training at community colleges; and a comprehensive community leadership development program for early childhood professionals, with increased compensation offered to participants. Smart Start now funds local partnerships and services in thirty-two of North Carolina's one hundred counties. The state has invested $68 million in the program, and the private sector has contributed more than $14 million.
- As part of the Governor's crime prevention program, North Carolina also funds ***Family Resource Centers*** in 16 communities around the state. Twelve of the sites offer basic services; the others deliver or coordinate a wider range of integrated health and human services to foster family development and economic self-sufficiency. Core services include, among others, child care and Head Start, tutoring, reading readiness, parent-child play groups, parenting classes, health screenings, one-stop information, and social service referrals. The initiative started in 1994; state funding is $2 million annually. These Centers are intended to complement Smart Start's family support efforts.

Planning

State- and community-level public-private planning is integral to Smart Start.

- State-level leadership for ***Smart Start*** is orchestrated by the North Carolina Partnership for Children, a public-private corporation that sets statewide benchmarks for young children and families, and makes grants to local partnerships of service providers, parents, and community representatives in pilot counties. The community partnerships decide how to meet the state goals, assess local needs and capacities, and create local plans to integrate health, mental health, social services, and early care and education programs to address the specific local needs of young children and families.

NORTH DAKOTA

Overview

North Dakota has not developed any special initiatives focused explicitly on young children and families.*

Other Initiatives

- The ***Children's Trust Fund*** is a public-private effort that funds center-based nurturing programs for troubled children ages five to twelve and their families at 25 sites around the state. The local programs provide counseling to high risk families through parent groups and separate children's groups. The statewide Nurturing Network provides training, monitoring,

* North Dakota provides funds to four local Head Start programs to provide extended-day services to enable families of participating children to work or attend job training. The state spends $25,000 per year on these services.

and technical assistance to local programs. The initiative is co-funded through various state and private sources, including a local cash or in-kind match. The state share is approximately $80,000 per year. The Network and some of the local programs are considering the use of new federal Family Support and Preservation funds to add a component for young children ages birth to five, or support groups for families before and after they participate in the nurturing program.

OHIO

Overview

The Ohio Family and Children First Initiative is a multi-strategy, comprehensive initiative that links planning and program development components, including extensive state funding for Head Start. Its objectives are to: assure that infants and children are healthier; increase access to quality preschool and child care for families desiring enrollment; and improve services to aid family stability.

Initiatives for Young Children and Families

Programs

Ohio is expanding neighborhood family resource centers, programs for preschoolers, and most recently initiatives for infants and toddlers. State funding for programs for children and families has increased 34 percent since 1991, while overall state spending has grown at its slowest rate in 40 years.

- Ohio has both a ***Public Preschool Program*** and an expanding ***Head Start Supplemental Program.*** Both programs follow Head Start's comprehensive standards; including health, nutrition, and parent education and involvement components. The Public Preschool Program targets three- and four-year-old children. Districts with at least five percent of children or more than 50 children receiving AFDC are eligible to apply for competitive grants. While the state does not restrict which children in these districts are eligible to receive services, districts that serve more low-income children receive higher priority when funds are allocated. The program has been funded at $31 million for fiscal year 1995–96. It serves nearly 5,000 children in 116 school districts. The state has also rapidly increased its supplemental allocations to federal Head Start grantees, with the explicit goal to be the first state to offer the program to all eligible children. The program currently receives $145 million in annual state funding, and serves over 15,000 children.
- Additional program efforts are evolving at the community-level. The state has also initiated a ***Help Me Grow*** initiative to promote wellness in infants and toddlers, an initiative that includes a hot line for questions, as well as coupons for necessities such as diapers, behavioral health programs, and parent-child activities. As in South Carolina, which pioneered the model, these are only redeemable in conjunction with health care visits.
- Ohio has planned a systematic expansion of the initiative, to achieve specific performance objectives, through the enlargement of Head Start, state funding to enhance the federal Part H program, the state prekindergarten program and child care related to family self-sufficiency. Special efforts have been made to engage groups of citizens not usually mobilized on behalf of children. For example, Ohio is deploying the National Guard to provide preventive health care in underserved areas of the state. Similarly, the Family and Children First Initiative has joined with the Kiwanis and Rotary clubs in a partnership on immunization.

Planning

Ohio has developed a Family and Children First Cabinet Council, county councils, and a statewide strategy to develop a comprehensive early care and education system.

- A state-level coordinating body, the Ohio ***Family and Children First Cabinet Council,*** created by Executive Order in 1992, is charged with promoting the initiative, reducing regulatory barriers, and spearheading efforts to streamline agency management to support the initiative. To ensure prompt decision-making, cabinet members must attend meetings (designees cannot substitute). Statewide progress is monitored through various mechanisms, including quarterly updates on key indicators pertaining to children's access to early care and education, family support and stability, and infant and child health. An interagency state management team links mid-level staff, and includes parent representatives.
- ***County Family and Children First Councils*** are community-based planning and decision-making bodies that engage a broad range of local citizens, service providers and policymakers to integrate social, health, and early care and education services for young children and families. Examples of local

initiatives include establishing family resource centers, and providing family health services through Head Start programs. Initially the state received applications from 64 counties, with 13 receiving pilot grants. Eighty-three of Ohio's 88 counties have formed Councils. The state provides technical assistance as well as $17,000 annually to each county to sustain the work of the Councils.

- Ohio ***links child care, Head Start, and the public schools*** through several strategies. These include developing: a tiered system of standards for health and safety, staff, training, and program quality; a collaboration between Head Start and the JOBS program to increase the availability of full-day/full-year programs for low-income and working families; a coordinated system of professional development; and consolidated funding streams and a common data-collection system for all early care and education programs. The state is also working to build a seamless regulatory structure for early care and education, to unify child care inspection and licensing procedures across the state, county, and city levels.

OKLAHOMA

Overview

Oklahoma funds several separate program initiatives for young children and families.*

Initiatives for Young Children and Families

Programs

Oklahoma funds several different models of family support programs. The state also supplements Head Start and supports prekindergarten programs in participating school districts.

- The ***Oklahoma Parents as Teachers (PAT) Program*** is a family support program enacted in 1990 and administered by the State Board of Education. It provides parent education and information about child development to families with children ages birth to three through personalized monthly home visits by certified parent educators, monthly parent meetings in schools, and referrals to special services if needed. Local PAT programs take referrals and provide staff assistance to the school districts' prekindergarten programs when requested. The state first made funds available to counties with the greatest percentage of children qualifying for the free or reduced-cost lunch program and required all counties to offer the program starting in 1994–95. The Parent Education Training Program provides two-day training sessions for parent education facilitators. The state legislature appropriated $2 million in 1995 for PAT.

- The ***Early Childhood Development and Parent Education Program*** is a preventive family support program that provides child development and parenting information to families with children ages birth to six. The program is available to all families, and seeks to address a range of developmental risk factors such as child abuse. Child development specialists from county health departments screen and assess children's development, consult with parents regarding their children's development and behavior, enhance parenting skills and family interactions through parent education groups, and refer families to appropriate services (e.g., early intervention, social workers, and pediatric nurses). Families are referred to the program from local health departments, family and friends, various state Department of Human Services programs, early care and education programs, law enforcement agencies or courts, and other sources. Initiated in 1974, the program is now available to all parents in 45 of the state's 77 counties. In 1993, it reached 15 percent of the birth-to-five population in the state. The state spends approximately $3 million each year on the program.

- State funds are also available to school districts that wish to offer state-funded ***Prekindergarten*** for four-year-olds. Programs must be developmentally appropriate and accommodate the needs of all children and families regardless of socioeconomic circumstances, and teachers must have early childhood education certificates. Programs are not required to provide comprehensive services beyond a one-day-a-week parent involvement component. The legislature appropriated $2.1 million for this program for 1991–92.

* In addition, local and regional boards across Oklahoma have undertaken broad-based community planning efforts to identify service gaps and overlaps in a wide range of programs for children and families. Once communities and regions have identified their needs and designed strategies to meet them, their input informs the development of the state's Children's Budget by the heads of various state departments that serve children. The Oklahoma Commission on Children and Youth coordinates the local planning and the Children's Budget process.

- ***Family Life Education and Parent Support Services*** is a family support initiative to prevent child abuse. It offers a home visit and center-based parent education and support for families with children ages birth to five. All children and families in Oklahoma are eligible for services. In 1994, over 11,000 families participated. State funding comes from a portion of the $1.5 million Child Abuse Prevention Fund, administered by the state Department of Health.

- Oklahoma's state supplement for Head Start is enhanced by administrative links to other state agencies and programs. In 1992, the legislature funded the Oklahoma Association of Community Action Agencies (OACAA) through the state Department of Commerce to develop a state office for ***Head Start***. The office develops joint initiatives with other state agencies that local Head Start programs implement, such as an EPSDT services contract for an outreach and enrollment effort for children in EPSDT; a statewide interagency agreement for children with disabilities; a Head Start–JOBS collaboration; and pooling funding from Head Start and the state prekindergarten program to expand child development services for four-year-olds. Other activities include statewide early care and education training, and monitoring and technical assistance for local Head Start programs. The legislature appropriated $1.8 million for the state Head Start supplement (including funds for juvenile crime prevention) in 1994.

OREGON

Overview

Oregon has a comprehensive set of linked initiatives for children of all ages and their families. It has developed state- and community-level planning strategies, and expanded its programs targeted to young children and families.

Initiatives for Young Children and Families

Programs

Oregon funds an enhanced prekindergarten program, and intends to expand Healthy Start statewide from a series of pilot sites.

- The state ***Prekindergarten Program*** provides early childhood care and education and comprehensive services identical to those of Head Start to low-income children ages three and four and their families. Local school districts and nonprofit organizations (including Head Start grantees) provide services. Seven sites receive state funds exclusively and twenty-five receive both state and Head Start funds. The state and the federal regional Head Start office have a collaborative arrangement to fund and monitor local programs jointly, made possible by their identical program standards. Twenty-nine percent of Head Start-eligible children are currently served. The legislature has set target dates of 1998 for serving 50 percent, and 2004 for serving 100 percent of eligible children. The state prekindergarten program also supports three community-based "Together for Children" sites that provide parenting and well-child support programs targeted to families with children ages birth to three. The legislature allocated $10.25 million for the overall prekindergarten program this year.

- The state Commission on Children and Families helped establish community-based ***Healthy Start*** family support programs (based on the Hawaii model) in 12 of Oregon's 32 counties. The programs offer home visits and family needs assessments to all families when their first child is born, and ongoing support until age three. The goals are to lower the rate of child abuse and neglect, to increase the number of children who enter school ready to learn, and to ensure that two-year-olds are adequately immunized. Annual state funding for Healthy Start is $4.35 million. Legislation has been introduced to take the program statewide. A first-year evaluation of the existing sites is available.

- The state Commission on Children and Families also makes $5 million flexible annual ***Great Start*** grant funds available to county Commissions on Children and Families to fill gaps in services and preventive programs for families with children ages birth to six.

Planning (Early Care and Education)

Specific planning for young children and families focuses on creating systems of early childhood services. There is new emphasis at the commission level on planning for infants and toddlers.

- Oregon seeks to effect "systems change" in the early care and education area, to coordinate all early care and education funding streams, program requirements, training programs, and other infrastructure. The state has a ***Child Care/Head Start Work Group*** to develop a unified system of early care and education that also addresses families' support, social service, and school transition needs. The state departments of Education, Employment, and Health

are working together to establish consistent regulatory, quality, and training standards, as well as common expectations about appropriate best practices with children, for all early care and education programs in the state that serve children ages birth to eight. Such programs include family child care homes, child care centers, summer camps, school-based child care programs, prekindergarten programs, and other programs. The best practices and standardized regulations will relate to the Oregon Benchmarks, and will be accompanied by incentives that encourage providers to meet them. The Work Group plans to solicit input from state and local stakeholders (including county Commissions on Children and Families), and simultaneously pilot the approach in several communities to assess its viability. Based on feedback from these processes, the Work Group will design a 10-year implementation plan. Oregon's Head Start-state Collaboration Project is currently piloting three full-day, full-year, enriched early care and education programs using multiple funding streams to combine prekindergarten and Head Start services with child care services.

Initiatives for All Children and Families

- ***Oregon Benchmarks*** are specific standards for measuring state progress and government performance developed with citizen input by a nine-member Progress Board chaired and appointed by the Governor. The Benchmarks include specific outcomes for children and families, and provide goals for state agencies that influence planning, budgeting, and compensation systems. For example, the state is collecting county data on a "Healthy Cluster" of indicators that document child well-being from pregnancy to school age, with a focus on ages birth to three, and identifying resources available to counties to support children's development. Through the ***Oregon Option,*** the state has an agreement with the federal government that reduces regulatory and categorical funding requirements in exchange for assurances that the state will achieve specific, mutually-identified outcomes.
- The state ***Commission on Children and Families*** was created by recent legislation to set statewide policies for services to children and families, to establish outcomes for these services and incorporate them into the Benchmarks, and to coordinate all state and federal funding for these services. The Governor recently assigned the Commission to develop a comprehensive plan for services to children including prenatal care and services for children ages birth to three. Local commissions on Children and Families in all 36 counties, which must include a majority of lay citizens, are developing comprehensive plans for delivering a continuum of preventive, integrated, and accessible services to help achieve the Benchmarks. The state Commission provides training, technical support, and staff funds to the local commissions, and oversees their work to ensure accountability to statewide goals and policies. The state Commission's annual budget is currently $27.4 million, over half of which is state funding.

PENNSYLVANIA

Overview

Pennsylvania has a targeted program strategy for young children, and state-level planning focused on all children and families.

Initiatives for Young Children and Families

Programs

Pennsylvania has developed a network of family resource centers focused primarily on meeting the developmental needs of young children.

- There is currently a network of 48 community-planned and community-based ***Family Resource Centers*** that provide one-stop shopping and referrals for early care and education and family support for young children and their families. County governments, city governments, and schools can apply for funds to support a range of services, including subsidized child care, parent education and support (especially for families with very young children ages birth to three), child health and developmental screenings, and referrals to other services (such as Head Start). Local Centers must have community boards with representatives from all local health, human services, subsidized child care, job training, Head Start, hospital, and other agencies. Staff receive training in the Parents As Teachers family support program. The departments of Education, Public Welfare, and Health administer the initiative at the state level. Funding comes from a combination of categorical programs and the private sector. The annual state appropriation for the Centers is $4.04 million; additional funding comes from federal sources such as the Child Care and Development Block Grant ($6.7 million annually). The Centers' new mandate is to make all programs for children and families seamless,

including literacy and job training to facilitate family economic self-sufficiency, as well as access to health care services for children.

Planning

The Children's Cabinet has become the Governor's Partnership for Safe Children.

- The Governor's ***Partnership for Safe Children*** is an interagency state-level entity that fosters interagency collaboration and community planning with a public safety focus. The Partnership builds on the efforts of the ***Children's Cabinet,*** created by the Executive Order in 1992. The Cabinet developed a blueprint for action that identified outcomes for children and families, designated clusters of services to help achieve them (including early childhood services and supports for families with children ages birth to six), and established local collaborative management structures of community leaders from human services, health, mental health, and education, including Head Start. Through these structures, communities are designing specific ways to address the needs of children and families.

Other Initiatives

- The ***Family Service System Reform Program*** seeks to improve delivery of services to children by bringing categorical systems together. Programs to be integrated include the Family Preservation and Support Program, Family Resource Centers, Family to Family Foster Care, and the Children's Services Initiative. Counties are funded to organize collaborative boards, conduct county-wide needs assessments, establish goals and measurable indicators of outcomes for children, and design and implement creative strategies to achieve their goals. The collaborative boards will assess community needs in the areas of infant and child health, school readiness and success, family stability, and community safety. They will then submit to the state proposals for integrated service strategies to address these needs. Thirty-two of the state's 67 counties are participating in the program's first year. The remaining counties will participate in the succeeding three years. The state departments of Public Welfare, Education, and Health administer this initiative, as well as the Family Resource Centers. Approximately $4.5 million from the federal Family Preservation and Support program, plus a 25 percent state and local match, will fund the first year of the program.

RHODE ISLAND

Overview

Rhode Island has separate program initiatives for young children and families and planning initiatives for children of all ages and their families.

Initiatives for Young Children and Families

Programs

Rhode Island supplements federal funding to local Head Start grantees and funds outreach to infants at risk of poor health or child abuse.

- Rhode Island augments federal funding to local ***Head Start*** grantees, to enable them to serve more children. The annual state allocation was just under $2 million in 1995.
- The ***Family Outreach Program*** provides statewide home visits to families with infants up to six months of age who are at risk of poor health or child abuse. It is closely linked with, and enriches, the federal Part H program. Under Part H, Rhode Island universally screens all infants born in the hospital for developmental risk factors. Children at risk of delays by virtue of family poverty, parental substance abuse, or other factors, are referred to the Family Outreach Program. Family Outreach nurses visit homes, help families identify their needs, and link them to existing community resources (such as primary health care, family support or parent education, substance abuse counseling, or other services). When children reach the age of six months, they may be screened again to assess whether they have developmental delays and would benefit from Part H. To fund the program, the state draws on federal funds from Medicaid, Title V, WIC, and other sources, and a small amount of state money. Annual state expenditures currently total nearly $250,000.*

* The Division of Family Health recently issued a Request for Proposals to expand the program to serve families with prenatal care and to add other services such as immunizations, lead poisoning, WIC and nutrition outreach. In addition, the Department of Children, Youth, and Families is developing a home visiting program for families with children ages six months (when Family Outreach coverage tapers off) to three years (when other systems, such as the Department of Education, begin to target young children).

Initiatives for All Children and Families

Planning

Rhode Island's Children's Cabinet works to coordinate existing programs for children and families through state- and community-level efforts. Although the Cabinet does not focus exclusively on young children and families, its five-year plan explicitly addresses their needs.

- The Rhode Island ***Children's Cabinet*** is comprised of the directors of the state agencies that serve children (such as the departments of Health, Human Services, Education, and Children, Youth, and Families). Established in 1991, it serves as an interagency vehicle for discussion and collaboration on children's programs, and makes recommendations to the Governor. The Cabinet has a five-year state plan to coordinate children's services across agencies. The plan focuses on services for pregnant women and children ages birth to six. It also emphasizes prevention issues through health services and the development of community networks (such as those in the COZs—see below). An Integrated Services Steering Committee oversees and plans collaboratively across agencies on issues related to home visiting, COZs, family preservation and support, and other initiatives. For example, the Cabinet seeks to build links between the local COZ service providers and local networks of children's mental health providers.

Programs

- ***Child Opportunity Zones/Family Support Centers*** (COZs) have been established in low-income areas in half of the state's 36 school districts, with funding from United Way of America, the Rhode Island Foundation, and the Rhode Island departments of Health and Education. The COZs offer one-stop services in schools and other community settings, including health and nutrition, parenting education, literacy, employment counseling, child care, tutoring, Head Start, and referrals. The state is developing a network of family centers located in the COZs to coordinate support services for children and their families. The precise target population and mix of services provided varies by community. Some efforts focus on young children; others focus more on children in elementary school. The Department of Education's Office of Integrated Social Services administers and funds the initiative out of its own budget. (The COZs do not receive their own legislative appropriations). State funds initially supported local planning but now support implementation. This year the state reduced its total funding for the COZs to $230,000, supporting 12 sites, although others are moving ahead without state funds.

SOUTH CAROLINA

Overview

South Carolina funds a statewide family support program for families with young children, as well as a prekindergarten program.

Initiatives for Young Children and Families

Programs

South Carolina has a comprehensive parenting education program that enables school districts to design their own mix of child- and family-focused support services, as well as a prekindergarten initiative.

- The ***Target 2000 Parent Education Program*** seeks to provide comprehensive family support services for all families with children ages birth to five who are at risk of school failure. Local school districts design their own programs. Most provide home visits, parent support meetings, family literacy classes, developmental screening for children, and assistance for parents working toward a high school diploma or the equivalent. A few sites integrate funding for special education, Target 2000, and the state classroom-based preschool program, to provide classroom services for children four days per week, and home visits and other family support activities on the fifth day. The program originated in 1989. Twenty-one school districts were funded to provide services with $1.6 million in state grants. In 1993, the legislature expanded Target 2000 to all 91 school districts in the state and this year the state is spending $6.8 million to support it. The state Department of Education is developing a network through which the original sites provide technical assistance to newer sites. The 1993 legislation also requires school districts to develop transition plans linking various early childhood care and education programs with the schools.
- The ***At-Risk Prekindergarten Program*** targets at-risk four-year-old children, with the definition of at-risk based on a developmental screening and multiple criteria chosen by local districts. The state does not require comprehensive services, but programs must conduct two home visits per year, and provide one nutritional snack or meal per half day. The program served 12,692 students with a budget of over $15 million in 1991–92.

SOUTH DAKOTA

Overview

South Dakota has no state-funded initiatives for young children and families.*

TENNESSEE

Overview

Tennessee is developing a family support initiative for children and their families, with priority funding for school-based family resource centers that are linked with early childhood initiatives.**

Initiatives for All Children and Families

- With legislative leadership, there are now 93 school-based ***Family Resource Centers*** around the state. Sites are required to have an advisory board, at least half of whose members are parents. The RFP process gives priority to schools that also have an early childhood initiative. Each site receives $50,000 the first year and $33,000 the second.

Other Initiatives

- The ***Children's Plan,*** initiated by the Governor in 1991, makes the service delivery system for children and families more family-focused and community-based, in order to reduce the number of children in state care. Pooled funding for child and family services from five state agencies goes through one office in the state Finance and Administration Department, which allocates the funds according to strategic goals developed by representatives from the five participating departments. The goal is to reduce reliance on out-of-home and institutional care.

TEXAS

Overview

Texas funds a prekindergarten program, and a small number of cross-agency efforts are underway at the state and community levels on behalf of children with disabilities or other special needs.

Initiatives for Young Children and Families

Programs

Texas funds a prekindergarten program for children from families with low incomes or who speak little English. The Texas Children's Mental Health Plan coordinates services for children with special needs across all the major state agencies that serve children.

- Texas requires all school districts with more than 15 children from families with low incomes (defined as 185 percent of the federal poverty line), or who are unable to speak and comprehend English, to have a prekindergarten program. Services are limited to children who meet at least one of the two requirements. No comprehensive services are required other than meals but a recent report to the legislature recommended additional services. Instead, the state has opted to fund services for greater numbers of children, spending $144 million and serving about 80,000 children in 1991–92.

- The ***Texas Children's Mental Health Plan*** (TCMHP) was established to meet the needs of children and youth with behavioral, emotional, and psychiatric disturbances. TCMHP seeks to provide the services necessary for these children to remain in their homes and schools and to participate in the community. The plan is a collaborative effort among all the major child-serving agencies in Texas, including Early Childhood Intervention, the Education Agency, the Rehabilitation Commission, the Youth

* South Dakota, however, is using federal funds to build a network of parent education and family support programs. Twenty-six local organizations around the state provide Parents As Teachers (PAT) family support services to young children ages birth to three and their families. The state provides a full-time staff person to coordinate the federal funding streams and help the local providers through networking and technical assistance. The state's PAT-Head Start collaboration enables local Head Start programs to certify staff members as PAT home visitors so they can serve the parents and infant and toddler siblings of Head Start children. In addition, South Dakota sponsored Families First, a community planning initiative to help communities assess their service needs and develop comprehensive plans for young children and families. The initiative was phased out shortly after its inception in 1992. Eight communities received modest state planning grants and technical assistance, and devised service plans addressing a range of families' human services needs. State sponsorship of the initiative ended in 1994, but the local communities continue to network with one another and attempt to implement their plans. The state Department of Social Services spent $20,000 annually on the planning grants.

** Tennessee is also using federal Family Support and Preservation funds to pilot five Healthy Start sites based on the Hawaii model, and plans to add five more. Legislation to create a prekindergarten program was not successful during the last session.

Commission, and the Departments of Health, Human Services, and Mental Health and Mental Retardation. Planning and implementation are local, and depend on community priorities. A State Management Team sets policy and administers the funds. Community Management Teams fulfill these functions at the local level.

Other Initiatives

- ***Community Resource Coordination Groups*** (CRCGs) are local interagency groups comprised of public and private providers. Their goal is to improve the coordination of services to children and youth. CRCGs develop individual service plans for children with multiple needs and ensure that more children and youth receive needed services.
- The ***Children with Severe Disabilities Technical Working Group*** is comprised of parents, advocates, and representatives of the state health and human services agencies and Education Department. It is led by the Health and Human Services Commission, and addresses the coordination of services for children with severe disabilities.

UTAH

Overview

Utah has a community-based services coordination program for young children with special needs and children of all ages with severe special needs.

Initiatives for Young Children and Families

Programs

The FACT Program provides coordinated services to three populations, including children up to age five.

(•) In 1993, the legislature approved a new initiative to serve young children. The ***Families, Agencies, and Communities Together (FACT) Program*** provides coordinated services to three populations: children up to age five (including prenatal care); children from kindergarten to grade three; and children with multiple, severe, and enduring problems. Once a child is referred to the Program, a team of service providers from the community evaluates the needs of the child and his or her family, and develops a coordinated service plan. In 1994, 3,000 children received on-site services at 107 Title 1 schools throughout the state. Current state funding is over $4.2 million per year. State departments involved in the initiative include Human Services, Health, Education, Corrections, and the Office of the Courts. The Executive Directors of these agencies meet quarterly to review FACT initiatives. There is also a steering committee made up of directors from these agencies, as well as local government officials, advocates, parents, and representatives from the Office of Child Care, Medicaid, the Office of Special Education, Family Services, Family Support, and Mental Health.

(•) Children with multiple, severe, and enduring problems who are referred to FACT receive services designed by Local Interagency Councils (LICs). There is an LIC in each of Utah's twenty-one counties. LICs serve children whose needs cut across different agencies and hence have difficulty receiving services from any one of them. Flexible funds are a critical element in developing individual service plans. During 1994, LICs served 1,434 children.

VERMONT

Overview

Vermont funds a statewide set of interconnected program and planning strategies explicitly targeted to young children and families.

Initiatives for Young Children and Families

Program

Vermont's core program strategies include a statewide network of parent-child centers for infants and toddlers, as well as an enhanced prekindergarten initiative.

- ***Parent-Child Centers*** are intended to provide family support to all families to prevent child abuse and neglect, with a focus on prenatal care and other services for families with children up to age three. Sixteen centers serve the entire state, with each center providing eight core services: child care, home visiting, play groups, crisis intervention, information and referrals to other services, parent education, drop-in services, and community development work. Teen parents and their children are a special priority for all centers under the state's welfare reform initiative. However, not all families are served because some centers have waiting lists for particular services. Most centers draw on a variety of funding sources, including: core funding from the state; contracts to

provide services to teen parents and AFDC recipients; contracts to provide intensive parent education for families served by the child welfare agency; local town taxes; United Way; private foundations and funds from contracts with other state and federal programs (which vary from site to site). Core funding from the state ranges from $35,000–$156,000 for each center, depending on its size. The total state budget for core funding for all the centers is approximately $800,000.

- Vermont's prekindergarten program, the ***Early Education Initiative,*** offers classroom and, in some cases, home-based early care and education services to low-income families. Providers include Parent Child Centers, child care centers, Head Start grantees, and other community-based organizations. To ensure program quality, providers must undergo a peer review every five years, measuring themselves against national program standards of their choice. Local programs must offer parent involvement (for example, through the opportunity to serve on advisory boards) and parenting education (which some programs provide in collaboration with their local school districts). Many providers also refer families to social services and offer health and nutrition services, although the state does not require these components. The state invested $1.3 million, in 1995, to support 45 local programs.

Planning

Vermont's interagency state-level work group facilitates state-level linkages and flexible resource allocation to improve program coordination across early care and education programs, and between early care and education and other services for young children and families. It also informally facilitates Vermont's comprehensive community planning strategy for young children and families.

- The ***State Early Childhood Work Group*** includes staff from state agencies, early childhood advocates, service providers, and parents. It works to create a unified system of child development and family support services for all families by, for example, streamlining intake and eligibility regulations, funding approaches, and reporting requirements across different programs and departments that serve children and families. Its activities include collaborative training sessions for early education, early childhood special education, child care, Head Start, and Parent Child Center staff, as well as efforts to integrate state child care and Head Start resources for families. These efforts are supported in large part by Vermont's federal Head Start state Collaboration Grant.
- Under the state's ***Success by Six*** initiative, schools and human service districts develop comprehensive community visions and service plans for young children and families. Local program strategies vary widely from scattered reading programs for a few families to universal home visiting for all pregnant women and families with young children. Communities may currently apply to the state for flexible funds to support their service plans. The design and implementation of these plans are made easier by the state-level program coordination work of the Early Childhood Work Group. The Governor has proposed block granting state and federal funds to communities. The communities would then allocate them across various education, health, and social service programs for children under six, in order to meet goals set by the state in coordination with the communities. While a number of communities are negotiating block grant proposals with the state, thus far only one local block grant has been implemented. It pools all state and federal funds flowing through one of the Parent Child Centers. Additional block grants under consideration would expand this approach to other Parent Child Centers, as well as consolidate all home visiting funds available to local communities.

VIRGINIA

Overview

Virginia has a new state-funded prekindergarten initiative.

Initiatives for Young Children and Families

Programs

Virginia's new enhanced prekindergarten program targets at-risk four-year-olds. The legislature will determine whether to renew the program in 1996.

- The Virginia ***Quality Preschool Initiative*** received support from the General Assembly after a Legislative Commission on Equity in Public Education conducted a study of programs for at-risk preschool children. This initiative represents the first state funding to target these children. The program aims to serve 30 percent of the at-risk four-year-old population, with school free lunch statistics used to determine those at risk. Programs may be operated by public schools (51 out of 65 sites) or community-based organizations (14 out of 65 sites) and must

demonstrate interagency coordination. Comprehensive service requirements include a full-day program with health and social services as well as a parent involvement component. Local coordinating teams involve public schools, Head Start centers, child care, health, and social service providers. Local programs must provide matching funds of up to 25 percent, and demonstrate the capacity to keep the program going in case state funds diminish or are discontinued. After a year of program operations, the legislature will decide in 1996 whether to renew the program based on a forthcoming report. In 1995, the program served 2,850 children with $8.3 million in state dollars and $6.9 million in local funds.

Other Initiatives

- The ***Comprehensive Services Act for At-Risk Youth and Families,*** enacted in 1992, created a collaborative, child-centered, family-focused, and community-based system of services and funding to address the strengths and needs of troubled and at-risk youth and their families. Interagency local Family Assessment and Planning teams develop flexible, individualized service plans that best meet the needs of children in special education, foster care services, court-assigned placements, or custody of the Department of Youth and Family Services. A State Executive Council and a State Management Team administer the funds and set the policies for the service plans. They include representatives from the departments of Health, Youth and Family Services, Social Services, Education, and Mental Health, Mental Retardation, and Substance Abuse Services. The state spends $3.4 million annually to stimulate local service development and reform in all communities statewide. Communities must provide a match. The state also spends $650,000 each year to cover counties' administrative costs, and over $60 million on direct services for children that the communities purchase.

WASHINGTON

Overview

Washington has several program initiatives targeted to young children, school readiness community planning grants, and state- and community-level planning efforts on behalf of children of all ages and their families.

Initiatives for Young Children and Families

Programs

Washington funds an enhanced prekindergarten program, and supplements Even Start and Head Start.

- Begun in 1986, the ***Early Childhood Education and Assistance Program*** (ECEAP) provides comprehensive preschool services based on the Head Start model. Services include health, mental health, dental, nutritional, and family support services, as well as parent involvement activities and social service referrals. ECEAP is targeted to low-income four-year-olds (or those with special needs or who have been in child protective services), as well as some three-year-olds (e.g., those from homeless or migrant families). The Department of Trade and Economic Development administers the program through contracts with 34 local providers, including 21 Head Start centers, other nonprofit agencies, school districts, local governments, and tribal organizations. The Department has an interagency agreement with the Office of the Superintendent of Public Instruction and the federal regional Head Start office to improve coordination across programs. The state currently spends $24 million on ECEAP and serves over 6,000 children in 226 sites around the state.
- The state supplemented the federal ***Head Start*** program with $530,000 in 1991–92.
- Washington's ***Even Start*** program enhances the basic literacy and parenting skills of parents of disadvantaged children who are between age three and third grade. Local programs must establish collaborations that include school administrators and adult education coordinators, and must work with local Head Start programs and schools to ensure smooth transitions for children from early care and education to the public schools. The 18 state-funded programs receive an average of $40,000 apiece each year, with annual state spending of approximately $720,000. The federal government also funds a number of Even Start sites in Washington, serving families with children from birth to third grade. Five sites receive

both federal and state funds. A joint advisory council, including representatives of state agencies, the state Head Start Association, and the state prekindergarten program (ECEAP) promotes coordination among the state- and federally-funded programs.

Planning

Readiness to Learn Grants are available to selected communities.

- ***Readiness to Learn Grants*** planning grants, authorized by the Family Policy Council (see below) and awarded by the Department of Education, help communities develop new strategies and integrate services to help children enter schools ready to learn. Communities' program strategies for young children include family resource centers and early intervention/prevention services. Some communities have developed health and social services for school-age children instead. The annual state budget for the grants is $4 million. The first round of competitive grants were added to 22 communities; five more were recently awarded. New grant proposals this year must show their activities' direct linkages to the efforts of the local Community Health and Safety Networks (see below).

Initiatives for All Children and Families

Planning

The state's Family Policy Council has seeded community planning on behalf of children and families by Community Public Health and Safety Networks.

- The state Family Policy Initiative, passed by the legislature in 1992, creates a ***Family Policy Council*** comprised of representatives from five state agencies which include: the Departments of Health; Social and Health Services; Community, Trade, and Economic Development; Employment Security; and the Office of the Superintendent of Public Instruction. These agencies are collaborating to improve services to at-risk children and their families by adopting a common set of principles and a shared vision developed with citizen input. They support and fund community planning processes to design local models for integrated service delivery and offer grants and/or decategorized funds to help communities address pressing local issues for children and families. The state Family Policy Council and local services agencies have prepared an interagency agreement that governs the use of funds and identifies outcomes. The Family Policy Council is also working with the Governor's office to pursue key program initiatives for young children, such as Head Start-state child care coordination.
- In 1994, the legislature created ***Community Public Health and Safety Networks.*** These entities are charged with assessing local needs and capacities, reviewing existing programs and funding streams, and making policy and program recommendations to the Family Policy Council and the legislature. Networks must have a citizen majority. To support the assessment of community capacity, a central Geographic Information System has been developed with ninety-one outcome measures and indicators. The Family Policy Council provides training, networking help, and technical assistance to the local Networks. Key issues of interest to many Networks include parent education; child abuse and neglect; family resource centers and family support activities; substance abuse services (to help improve family functioning); and teenage pregnancy. In 1995, the legislature appropriated roughly $5 million in annual funding for the Community Networks and the Family Policy Council with $1 million coming from the state, to be used for local planning, administration, and evaluation. The remaining $4 million came from the federal Family Preservation and Support Initiative. The communities could use these funds for services, such as family preservation and support, violence prevention, community/police partnerships, child care, and early intervention and education.

WEST VIRGINIA

Overview

West Virginia supports state and community planning initiatives to develop and coordinate programs for children and families. The development of new programs is linked to systems reform, and a number of components focus explicitly on young children.

Initiatives for Young Children and Families

Programs

State funds for Prekindergarten Programs are available to counties based on the number of children they serve.

- State aid is available for counties to offer ***Prekindergarten Programs*** to low-income children. Although they must raise other funds for program start-up, some counties use the state funds to support

preschool programs for four-year-olds. The state Department of Education (DoE) works closely with county school boards and superintendents to design the program components, although the state has no formal guidelines for what services must be included. With state assistance and encouragement, many of the counties use the High Scope curriculum, and some offer Parents as Teachers family support services as well. Some counties have created comprehensive wraparound programs combining Head Start services with full-day child care. DoE encourages counties to seek assistance from the state Department of Health and Human Resources regarding facility licensing and staff training. Most counties target their programs to children who qualify for free or reduced-price school meals. These programs currently serve roughly 3,500 children in selected counties around the state, with over $10 million in annual state funding. The local prekindergarten programs work with their local Family Resource Networks (see below) to connect the families of the children they serve to other community-based service agencies that can meet their families' social, health, welfare, literacy, and support needs. In addition, through the Child Development Program, the state grants a total of $450,000 each year to three community-based agencies around the state. The centers use the state funds to match federal funds to offer a variety of comprehensive infant-toddler, prekindergarten, parent education, family support, and other services for children and families at risk or with disabilities.

Planning

The Early Childhood Implementation Commission develops and coordinates programs specifically for young children. The state-level Children's Cabinet and community-based Family Resource Networks are integrating services for children of all ages and their families. Many of their activities explicitly address the needs of young children.

- The ***Early Childhood Implementation Commission,*** appointed in 1992, has developed a long-term plan for high-quality early childhood services for all preschool children (birth to six years) in West Virginia. The Commission identified needed expansions of existing programs and gaps where new programs needed to be developed. Its efforts focused on three program areas: health and nutrition, family support and education, and early childhood development and education. It recommended strategies including public awareness, coordinated comprehensive services, family empowerment and support, staff training and development, and financing analysis. Subcommittees of the Commission are now developing proposals for cross-system training, quality improvement, public awareness, and other efforts across all types of early childhood programs. The state's "Operation Tadpole" Early Childhood Transition Initiative links agencies that serve young children in different age groups, to facilitate families' transitions across programs and systems. The Commission also promotes new initiatives, such as early childhood centers in communities. The state plans to fund between four and ten such centers in selected communities, depending on the availability of philanthropic funding. Commission staff plan to expand the state's whole array of early childhood services and programs as part of the efforts of the Cabinet and the Family Resource Networks (see below).

- The ***Cabinet on Children and Families,*** established through education reform legislation in 1990, enables state department heads and legislative leaders to work together across systems. The Cabinet works to establish an approach to service delivery that responds to specific community needs in a collaborative and integrated way within and across agencies. The Cabinet is chaired by the Governor and includes agency heads, the state superintendent of schools, and two members of the legislature. It is staffed by the Early Childhood Implementation Commission.

- The Cabinet seeds local community planning consortia called ***Family Resource Networks*** (FRNs) in all 55 counties in the state. They include parents, advocates, business leaders, local government officials, religious leaders, and service providers. A majority of each Network's members must be non-providers, and at least a quarter must be consumers. With the assistance of the Cabinet, the FRNs identify the local needs of children and families, and develop and implement plans that make comprehensive health, education, and social services available at single intake points. The FRNs do not provide direct services themselves, but work to connect families who have different needs to appropriate local services and supports. The Cabinet provides technical assistance to FRNs on planning, membership, regulatory, fiscal, and evaluation issues, along with modest grants. The Cabinet has given small start-up grants (of roughly $5,000) to 35 FRNs that have local action plans, and has issued a request for proposals additional start-up grants. FRNs that have already received small grants

can apply for larger grants (up to $25,000) to plan, coordinate, and deliver services in the areas of early childhood, child abuse prevention, family support, or family preservation. The projected fiscal year 1996 budget for the Cabinet's infrastructure and grants is $2.7 million, drawn from existing state and federal programs. Additional funding for services comes from refinancing and reinvestment efforts.

WISCONSIN

Overview

Wisconsin has several program initiatives, largely targeted to the youngest group of children and families.*

Programs

Program strategies include supplementing Head Start, and supporting Family Resource Centers and Right from the Start.

- ***Family Resource Centers*** provide parent education and family support to families with children ages birth to three in order to prevent child abuse and neglect. At least half the families served have low incomes. The state funds nine programs in eight counties, spending $675,000 annually.
- ***Right from the Start*** is a pilot program that provides hospital contact and follow-up support to first-time parents, targeted to potentially at-risk families. Some local programs offer home visits as well. There are six pilot sites in five counties, at a cost to the state of $460,000 per year.
- Wisconsin supplements the federal ***Head Start*** program to enable grantees to serve more children. The state contributes close to $5 million annually.

Other Initiatives

- ***Children Come First*** integrates services in seventeen counties through collaborative case management to severely emotionally disturbed children who are at risk of out-of-home placement. The program allows counties to blend the resources of categorical funding sources from several agencies to meet the multiple needs of children and families. The program is led by the Department of Health and Social Services. The state spends $133,000 per year on the project, with additional private funding.

WYOMING

Overview

Wyoming has not developed any state-funded special initiatives focused explicitly on young children and families.**

* Although it is not (yet) building a comprehensive early care and education system, the Wisconsin Early Childhood Summit brings together organizations and staff from child care, Head Start, early intervention (Part H), and public school programs for young children at the state and local level to envision a quality, comprehensive early care and education system. State-level organizations of early care and education providers have met three times, and are now working with their counterparts in local communities through satellite teleconferences. The Summit is an effort to develop common visions and beliefs about a unified early childhood services system at the state level. Participants agreed to a common set of program quality principles, and are negotiating formal written agreements. The state also supports the development of Early Childhood Coordinating Councils, which harmonize local programs.

** Wyoming's Department of Health has developed a few small initiatives for young children that may have the potential to develop into cross-system, multiservice initiatives. Best Beginnings is a statewide perinatal case management project initiated in 1991. Coordinators meet regularly with all health care and children's services providers at the county level to ensure that high risk pregnant women are identified and referred to health providers for prenatal and post-natal care. For those ineligible for Medicaid, the state pays for prenatal care. State funding for county coordinators totals about $300,000 each year. The Department of Health's Healthy Start Tracking System also screens, tracks, and refers pregnant women and families with children ages birth to two. It begins in four counties in 1996.

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APPENDIX A

STATES' INITIATIVES AND STRATEGIC APPROACHES TO SUPPORTING YOUNG CHILDREN AND FAMILIES

State	Program Initiatives					Planning Initiatives						Strategic Approach
							State		Community			
	0–3	3–6	0–6	Special Population (0–6)[1]	Older Children[2]	Early Care and Education	0–6	All Ages	0–6	All Ages	Other[3]	
Alabama											✓	4
Alaska		✓					(✓)	✓				2
Arizona	✓	✓	✓									3
Arkansas		✓				✓		✓		✓		2
California		✓		✓	✓	*					✓	3
Colorado		✓	✓			✓	✓					1
Connecticut		✓	✓									3
Delaware	✓	✓						✓				2
District of Columbia[4]												
Florida	✓	✓			✓		✓		✓			2
Georgia	✓	✓						✓		✓		1
Hawaii		✓	✓			*						3
Idaho												5
Illinois	✓	✓	✓			*						3
Indiana								✓	(✓)	✓		3
Iowa	✓	✓			✓						✓	3
Kansas	✓							✓		✓	✓	2
Kentucky		✓			✓			✓		✓	✓	2
Louisiana		✓									✓	3
Maine	✓	✓										3
Maryland	✓	✓									✓	3
Massachusetts	✓	✓				*						3
Michigan	✓	✓		✓							✓	3
Minnesota	✓	✓						✓	(✓)	✓		1
Mississippi				✓								4
Missouri			✓					✓		✓		2
Montana				✓	✓							4
Nebraska									✓			3
Nevada				✓								4
New Hampshire		✓	✓									3
New Jersey		✓			✓							3
New Mexico		✓		✓								3
New York		✓										3
North Carolina			✓				✓		✓			1
North Dakota					✓							5
Ohio	✓	✓	✓			✓	✓		✓			1
Oklahoma	✓	✓	✓									3
Oregon	✓	✓	✓			✓		✓		✓		1
Pennsylvania			✓					✓			✓	2
Rhode Island	✓	✓			✓		(✓)	✓				2
South Carolina		✓	✓									3
South Dakota												5
Tennessee					✓						✓	3
Texas		✓		✓							✓	3
Utah				✓								4
Vermont	✓	✓				✓	✓		✓			1
Virginia		✓										3
Washington		✓						✓	✓	✓		2
West Virginia		✓					(✓)	✓	(✓)	✓		1
Wisconsin	✓	✓									✓	3
Wyoming												5

For details and clarification, see the state summary sheets and state-by-state descriptions in Chapter 3, and Box 3 in Chapter 1.

Notes:

1 For example, children with emotional and behavioral problems, or teenage parents and their children.

2 Must have some special provision or outreach efforts for young children.

3 "Other" category includes planning, systems reform, and funding decategorization initiatives for specific subpopulations of children and families (such as those at risk of out-of-home placement).

4 We have not coded Washington, DC. See Chapter 3 for an explanation.

* Indicates that a state has developed a plan for comprehensive early care and education system, but has not begun implementing it yet.

( ) Indicates a special focus on ages birth to six within a planning initiative for children of all ages.

APPENDIX B

TABLE 1: INDICATORS OF YOUNG CHILD AND FAMILY RISK FACTORS

State	1990–1992 Young Child Poverty Rate (%)	Low Birthweight Rate (%)	Low Female Education Rate (%)	Male Unemployment Rate (%)	Overcrowded Housing Rate (%)
National Average	**24.6**	**7.1**	**16.3**	**8.3**	**13.4***
Alabama	27.3	8.5	21.7	8.7	13.4
Alaska	17.1	4.9	10.7	10.1	19.9
Arizona	21.5	6.4	14.9	7.0	25.3
Arkansas	29.9	8.2	18.8	7.3	16.1
California	25.6	5.9	20.4	9.5	34.5
Colorado	24.0	8.5	9.7	6.9	9.1
Connecticut	20.1	6.9	10.6	8.4	9.1
Delaware	10.1	7.6	14.4	7.9	8.1
District of Columbia	35.8	14.3	18.1	10.5	31.1
Florida	27.4	7.4	16.3	7.6	19.8
Georgia	25.2	8.5	20.8	8.4	13.7
Hawaii	19.0	7.2	9.9	3.2	37.2
Idaho	20.6	5.5	15.8	7.8	12.7
Illinois	26.7	7.7	15.5	9.3	13.8
Indiana	27.2	6.7	16.8	6.9	8.8
Iowa	16.4	5.7	10.9	5.9	5.8
Kansas	19.2	6.4	8.9	4.6	9.0
Kentucky	39.5	6.8	20.8	7.2	9.5
Louisiana	39.3	9.4	20.3	6.9	19.6
Maine	28.3	5.0	12.2	11.3	5.9
Maryland	15.9	8.3	13.2	7.5	9.1
Massachusetts	20.4	6.0	11.9	11.4	8.3
Michigan	27.1	7.5	14.6	10.7	9.3
Minnesota	26.3	5.2	7.2	7.3	7.1
Mississippi	39.0	9.9	21.5	6.9	20.9
Missouri	26.8	7.3	14.6	7.5	9.2
Montana	28.7	6.0	12.3	9.2	10.2
Nebraska	17.0	5.6	6.8	2.7	6.0
Nevada	17.7	7.1	15.2	7.1	20.3
New Hampshire	11.2	5.3	9.8	10.0	6.2
New Jersey	17.3	7.2	13.9	9.3	12.2
New Mexico	33.1	7.2	19.0	8.5	24.0
New York	27.3	7.6	16.8	8.5	19.4
North Carolina	23.9	8.4	18.9	6.2	11.1
North Dakota	19.0	5.1	11.7	6.3	7.4
Ohio	19.8	7.4	14.3	8.3	6.8
Oklahoma	28.0	6.7	16.7	7.0	15.6
Oregon	22.8	5.2	13.5	8.1	11.9
Pennsylvania	19.6	7.2	13.0	8.9	7.2
Rhode Island	21.6	6.3	16.7	10.9	9.4
South Carolina	29.8	9.0	21.6	8.7	14.9
South Dakota	20.2	5.2	11.2	4.3	11.6
Tennessee	35.5	8.5	21.6	8.0	10.8
Texas	27.6	7.0	20.6	7.2	24.8
Utah	13.6	5.6	8.9	4.9	13.8
Vermont	18.0	5.6	11.7	10.4	5.5
Virginia	15.8	7.4	16.4	6.9	9.0
Washington	16.5	5.3	10.8	9.7	12.4
West Virginia	36.3	7.2	23.1	14.0	7.6
Wisconsin	15.8	5.9	10.8	6.8	8.2
Wyoming	19.8	7.3	11.1	6.5	8.4

Note:

* State overcrowded housing average

Source: National Center for Children in Poverty (compiled from other sources—see Appendix C).

APPENDIX B

TABLE 2: INDICATORS OF STATE INVESTMENTS IN YOUNG CHILDREN

State	Children's Medicaid Eligibility Level (%)	Supplemental Children's Health Insurance	Child Care Center Staff Training Requirements	Family Child Care Training Requirements	Preschool Teaching Certificate	State-Funded Prekindergarten Program	State Supplemental Funds for Head Start	Maximum Use of Federal IV-A Child Care Funds
Alabama	133	—	✓	✓	—	—	—	✓
Alaska	133	—	✓	✓	—	—	✓	✓
Arizona	140	—	✓	—	D	✓	—	✓
Arkansas	133	—	✓	—	—	✓	—	—
California	250	✓	✓	—	✓	✓	—	—
Colorado	133	✓	✓	✓	✓	✓	—	✓
Connecticut	185	✓	✓	—	✓	—	✓	✓
Delaware	185	—	✓	✓	✓	—	—	✓
District of Columbia	185	—	✓	—	✓	✓	✓	✓
Florida	185	✓	✓	✓	✓	✓	✓	✓
Georgia	185	—	✓	✓	✓	✓	—	—
Hawaii	185	✓	✓	✓	—	—	✓	—
Idaho	133	—	✓	—	—	—	—	—
Illinois	133	—	✓	—	—	✓	✓	✓
Indiana	150	—	✓	—	✓	—	—	—
Iowa	185	—	✓	—	✓	✓	—	✓
Kansas	150	—	✓	—	✓	—	—	—
Kentucky	185	—	✓	—	—	✓	—	✓
Louisiana	133	—	✓	—	✓	✓	—	—
Maine	185	—	✓	—	—	✓	✓	—
Maryland	185	✓	✓	✓	—	✓	—	✓
Massachusetts	185	✓	✓	✓	—	✓	✓	✓
Michigan	185	✓	—	—	✓	✓	—	—
Minnesota	275	✓	✓	✓	✓	✓	✓	✓
Mississippi	185	—	✓	—	—	—	—	—
Missouri	185	—	✓	✓	—	—	—	✓
Montana	133	—	✓	—	—	—	—	—
Nebraska	133	—	✓	—	—	—	—	✓
Nevada	133	—	✓	✓	—	—	—	✓
New Hampshire	185	✓	—	—	—	—	✓	✓
New Jersey	185	✓	✓	—	—	✓	—	✓
New Mexico	185	✓	✓	✓	✓	✓	—	✓
New York	185	✓	✓	✓	—	✓	—	✓
North Carolina	185	—	✓	—	✓	—	—	✓
North Dakota	133	—	✓	✓	—	—	—	—
Ohio	133	—	✓	—	✓	✓	✓	✓
Oklahoma	150	—	✓	—	✓	✓	—	✓
Oregon	133	—	✓	—	—	✓	—	✓
Pennsylvania	185	✓	✓	—	—	—	—	✓
Rhode Island	250	—	✓	✓	✓	✓	✓	✓
South Carolina	185	—	✓	—	—	✓	—	✓
South Dakota	133	—	✓	—	—	—	—	—
Tennessee	185	✓	✓	✓	✓	—	—	—
Texas	185	—	✓	✓	✓	✓	—	—
Utah	133	—	✓	✓	D	—	—	—
Vermont	200/225	✓	✓	✓	—	✓	—	✓
Virginia	133	—	✓	—	—	✓	—	✓
Washington	185	✓	✓	—	—	✓	✓	✓
West Virginia	150	✓	✓	—	✓	✓	—	—
Wisconsin	155	✓	✓	✓	—	—	✓	✓
Wyoming	133	—	✓	✓	D	—	—	—

Note:
D For children with disabilities only

Source: National Center for Children in Poverty (compiled from other sources—see Appendix D).

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APPENDIX B

TABLE 3: STATE-BY-STATE NUMBERS AND POVERTY STATUS OF YOUNG CHILDREN

State	Number of Children Under Six	Number of Children in Poverty Under Six*
Alabama	389,048	106,230
Alaska	62,480	10,659
Arizona	337,904	72,528
Arkansas	215,188	64,338
California	3,187,761	815,687
Colorado	332,552	79,718
Connecticut	323,702	65,064
Delaware	59,838	6,023
District of Columbia	51,433	18,437
Florida	1,134,283	311,160
Georgia	582,571	147,078
Hawaii	111,222	21,180
Idaho	100,574	20,693
Illinois	1,130,898	302,032
Indiana	504,632	137,305
Iowa	262,301	43,039
Kansas	253,842	48,619
Kentucky	283,885	112,150
Louisiana	399,004	156,891
Maine	99,745	28,248
Maryland	488,341	77,660
Massachusetts	472,468	96,534
Michigan	848,443	229,515
Minnesota	378,513	99,428
Mississippi	269,908	105,217
Missouri	458,731	123,099
Montana	77,169	22,123
Nebraska	153,046	25,961
Nevada	119,078	21,115
New Hampshire	93,062	10,389
New Jersey	695,110	120,420
New Mexico	144,005	47,655
New York	1,640,000	447,658
North Carolina	577,891	138,154
North Dakota	47,792	9,084
Ohio	987,253	195,108
Oklahoma	300,808	84,181
Oregon	248,371	56,697
Pennsylvania	1,006,789	197,331
Rhode Island	81,723	17,657
South Carolina	311,662	92,971
South Dakota	63,039	12,747
Tennessee	382,181	135,799
Texas	1,659,160	457,332
Utah	213,447	29,124
Vermont	53,573	9,654
Virginia	558,057	87,960
Washington	451,355	74,255
West Virginia	145,754	52,861
Wisconsin	429,298	67,698
Wyoming	38,380	7,584

Note:

* Calculations by National Center for Children in Poverty based on samples. (See Indicator Table 4.)

Source: National Center for Children in Poverty. Based on data from the March Current Population Surveys, 1991–1993, U.S. Bureau of the Census.

APPENDIX C

INDICATORS OF YOUNG CHILD AND FAMILY RISK

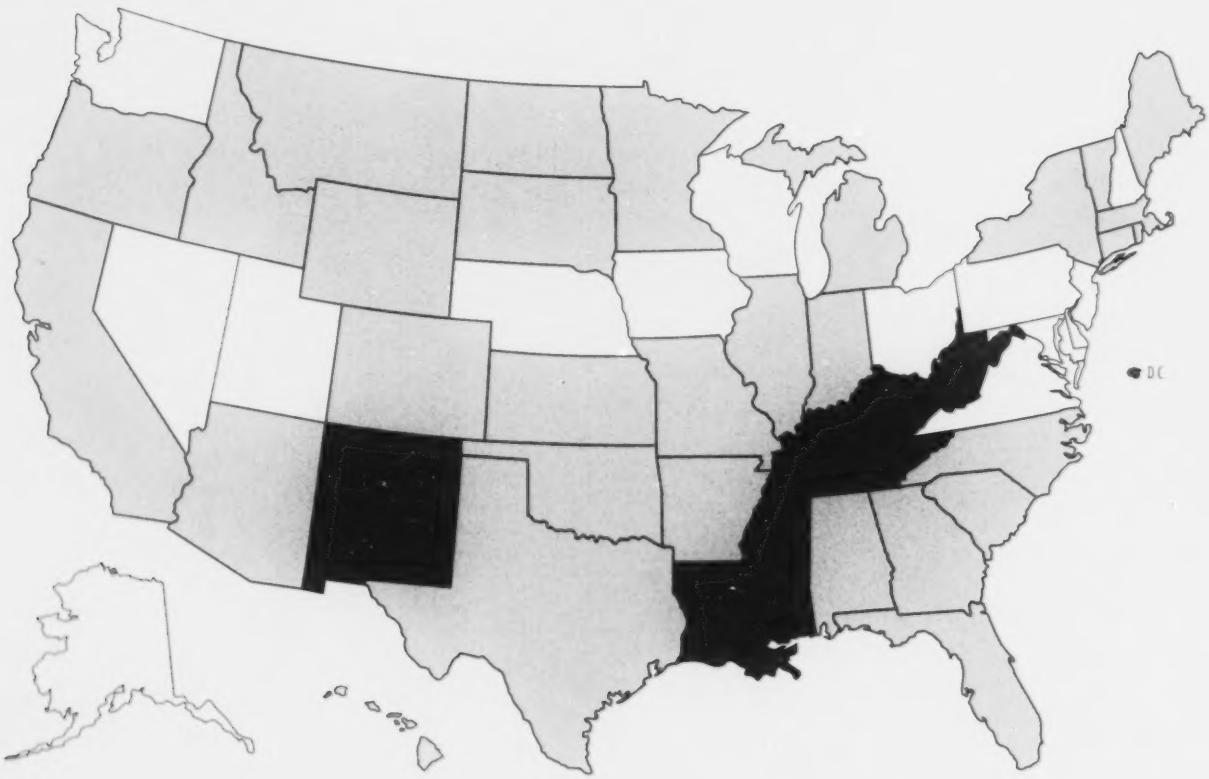
TABLE 4: YOUNG CHILD POVERTY RATES, 1990–1992, BY STATE

State	Poverty Rate (%)	Number of Children Under Six Poor	Number of Children Under Six All	Sample Size	Standard Error	Confidence Interval (90%) Lower	Confidence Interval (90%) Upper
National Young Child Poverty Rate	**24.6**	5,720,049	23,217,265	44,695	0.6	23.7	25.6
States with Young Child Poverty Rates lower than the national rate:							
Alaska	17.1	10,659	62,480	804	3.4	11.5	22.6
Delaware	10.1	6,023	59,838	348	3.6	4.2	16.0
Iowa	16.4	43,039	262,301	540	3.9	10.0	22.8
Maryland	15.9	77,660	488,341	479	3.9	9.5	22.3
Nebraska	17.0	25,961	153,046	574	3.8	10.7	23.2
Nevada	17.7	21,115	119,078	506	4.1	11.0	24.5
New Hampshire	11.2	10,389	93,062	305	4.1	4.4	17.9
New Jersey	17.3	120,420	695,110	1792	2.2	13.7	20.9
Ohio	19.8	195,108	987,253	1761	2.3	16.0	23.5
Pennsylvania	19.6	197,331	1,006,789	1663	2.3	15.8	23.4
Utah	13.6	29,124	213,447	688	3.2	8.4	18.8
Virginia	15.8	87,960	558,057	584	3.5	9.9	21.6
Washington	16.5	74,255	451,355	469	4.0	9.9	23.0
Wisconsin	15.8	67,698	429,298	550	3.8	9.5	22.1
States with Young Child Poverty Rates similar to the national rate:							
Alabama	27.3	106,230	389,048	518	4.8	19.5	35.1
Arizona	21.5	72,528	337,904	522	4.5	14.0	28.9
Arkansas	29.9	64,338	215,188	517	5.0	21.7	38.1
California	25.6	815,687	3,187,761	5087	1.7	22.8	28.4
Colorado	24.0	79,718	332,552	528	4.7	16.2	31.7
Connecticut	20.1	65,064	323,702	421	4.7	12.3	27.9
Florida	27.4	311,160	1,134,283	1917	2.5	23.3	31.5
Georgia	25.2	147,078	582,571	495	4.7	17.5	33.0
Hawaii	19.0	21,180	111,222	469	4.3	12.0	26.0
Idaho	20.6	20,693	100,574	602	4.1	13.9	27.2
Illinois	26.7	302,032	1,130,898	1961	2.5	22.6	30.8
Indiana	27.2	137,305	504,632	465	5.1	18.9	35.5
Kansas	19.2	48,619	253,842	586	3.9	12.7	25.6
Maine	28.3	28,248	99,745	363	5.5	19.3	37.3
Massachusetts	20.4	96,534	472,468	1462	2.5	16.2	24.6
Michigan	27.1	229,515	848,443	1730	2.6	22.8	31.3
Minnesota	26.3	99,428	378,513	444	5.1	17.9	34.6
Missouri	26.8	123,099	458,731	455	5.1	18.4	35.2
Montana	28.7	22,123	77,169	538	4.8	20.8	36.5
New York	27.3	447,658	1,640,000	3360	1.9	24.1	30.5
North Carolina	23.9	138,154	577,891	1625	2.4	19.9	27.9
North Dakota	19.0	9,084	47,792	450	4.5	11.7	26.4
Oklahoma	28.0	84,181	300,808	537	4.7	20.2	35.7
Oregon	22.8	56,697	248,371	426	5.1	14.5	31.2
Rhode Island	21.6	17,657	81,723	347	5.3	12.9	30.3
South Carolina	29.8	92,971	311,662	571	4.6	22.3	37.4
South Dakota	20.2	12,747	63,039	605	3.9	13.7	26.7
Texas	27.6	457,332	1,659,160	2541	2.4	23.6	31.5
Vermont	18.0	9,654	53,573	343	4.7	10.2	25.8
Wyoming	19.8	7,584	38,380	346	5.4	10.9	28.7
States with Young Child Poverty Rates higher than the national rate:							
District of Columbia	35.8	18,437	51,433	333	6.3	25.5	46.2
Kentucky	39.5	112,150	283,885	418	5.9	29.8	49.2
Louisiana	39.3	156,891	399,004	453	5.4	30.4	48.3
Mississippi	39.0	105,217	269,908	640	4.7	31.2	46.7
New Mexico	33.1	47,655	144,005	655	4.9	25.0	41.2
Tennessee	35.5	135,799	382,181	463	5.5	26.4	44.6
West Virginia	36.3	52,861	145,754	439	5.6	27.1	45.5

Source: National Center for Children in Poverty. Based on data from the March Current Population Surveys, 1991–1993, U.S. Bureau of the Census.

APPENDIX C

INDICATORS OF YOUNG CHILD AND FAMILY RISK
MAP 1: YOUNG CHILD POVERTY RATES, BY STATE



Young child poverty is measured in each state as the percentage of children under six living in families with a combined income lower than the federal poverty threshold in the years 1990–1992. The national rate was 24.6% in 1990–1992.

- Rates lower than the national rate
- Rates statistically indistinguishable from the national rate
- Rates higher than the national rate

Source: National Center for Children in Poverty. Based on data from the March Current Population Surveys, 1991–1993, U.S. Bureau of the Census.

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APPENDIX C

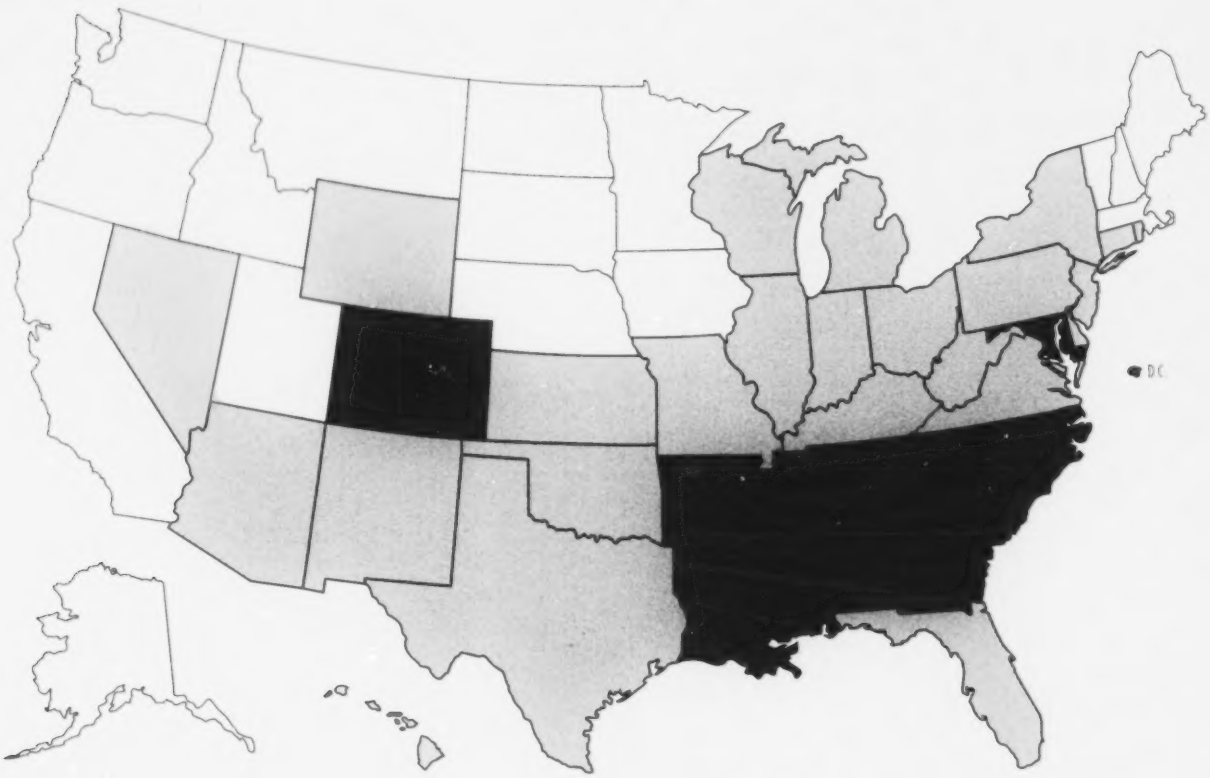
INDICATORS OF YOUNG CHILD AND FAMILY RISK
TABLE 5: LOW BIRTHWEIGHT RATES, 1992, BY STATE

State	Percent of Babies Born Weighing Less Than 5.5 Pounds
National low birthweight rate	**7.1**
States with rates of low birthweight lower than the national rate:	
Alaska	4.9
California	5.9
Idaho	5.5
Iowa	5.7
Maine	5.0
Massachusetts	6.0
Minnesota	5.2
Montana	6.0
Nebraska	5.6
New Hampshire	5.3
North Dakota	5.1
Oregon	5.2
South Dakota	5.2
Utah	5.6
Vermont	5.6
Washington	5.3
Wisconsin	5.9
States with rates of low birthweight similar to the national rate:	
Arizona	6.4
Connecticut	6.9
Delaware	7.6
Florida	7.4
Hawaii	7.2
Illinois	7.7
Indiana	6.7
Kansas	6.4
Kentucky	6.8
Michigan	7.5
Missouri	7.3
Nevada	7.1
New Jersey	7.2
New Mexico	7.2
New York	7.6
Ohio	7.4
Oklahoma	6.7
Pennsylvania	7.2
Rhode Island	6.3
Texas	7.0
Virginia	7.4
West Virginia	7.2
Wyoming	7.3
States with rates of low birthweight higher than the national rate:	
Alabama	8.5
Arkansas	8.2
Colorado	8.5
District of Columbia	14.3
Georgia	8.5
Louisiana	9.4
Maryland	8.3
Mississippi	9.9
North Carolina	8.4
South Carolina	9.0
Tennessee	8.5

Source: National Center for Children in Poverty. Based on data in Ventura, S. J.; Martin, J. A.; Taffel, S. M.; Mathews, T. J.; & Clarke, S. C. (1994). Advance report of final natality statistics, 1992. *Monthly Vital Statistics Report*, 43(5), Suppl., p. 51, Table 16.

APPENDIX C

INDICATORS OF YOUNG CHILD AND FAMILY RISK
MAP 2: LOW BIRTHWEIGHT RATES, BY STATE



Low birthweight is measured as the percentage of children born in each state weighing less than 2,500 grams (5.5 lbs.) in 1992. The national rate was 7.1% in 1992.

- Rates lower than the national rate
- Rates similar to the national rate
- Rates higher than the national rate

Source: National Center for Children in Poverty. Based on data in Ventura, S. J.; Martin, J. A.; Taffel, S. M.; Mathews, T. J.; & Clarke, S. C. (1994). Advance report of final natality statistics, 1992. *Monthly Vital Statistics Report*, 43(5), Suppl., p. 51, Table 16.

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APPENDIX C

INDICATORS OF YOUNG CHILD AND FAMILY RISK

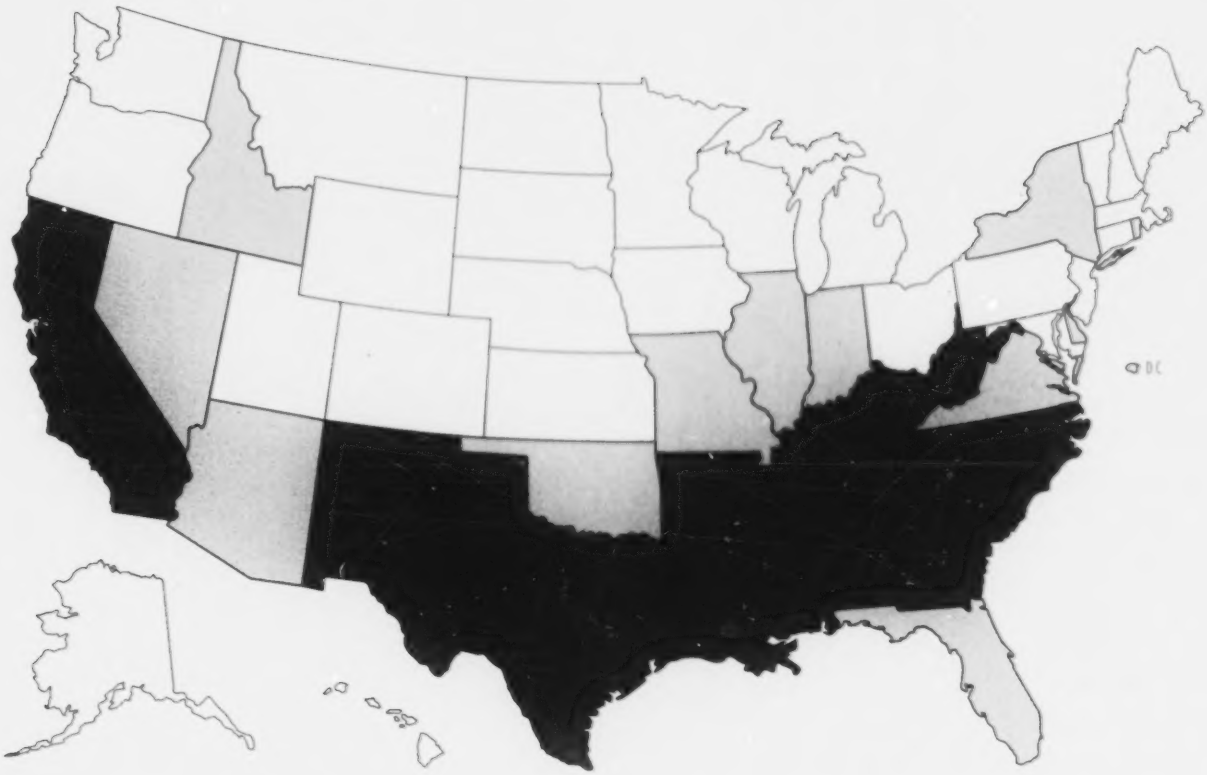
TABLE 6: LOW FEMALE EDUCATION RATES, 1991–1993, BY STATE

State	Percent of Women Aged 18–64 With Less Than High School Education	Number of Women Aged 18–64 With Less Than High School Education	Number of Women Aged 18–64 Total Number	Sample Size	Standard Error	Confidence Interval (90%) Lower	Confidence Interval (90%) Upper
National low female education rate	**16.3**	12,825,518	78,666,667	146,491	0.2	16.1	16.6
States with low female education rates lower than the national rate:							
Alaska	10.7	17,498	164,043	2,094	1.0	9.0	12.3
Colorado	9.7	99,180	1,021,309	1,653	1.1	7.9	11.5
Connecticut	10.6	109,490	1,031,740	1,349	1.2	8.6	12.6
Hawaii	9.9	34,920	352,908	1,333	1.1	8.1	11.7
Iowa	10.9	92,441	848,350	1,794	1.1	9.1	12.7
Kansas	8.9	67,465	757,852	1,742	1.0	7.3	10.5
Maine	12.2	47,982	392,086	1,424	1.2	10.3	14.1
Maryland	13.2	206,657	1,564,830	1,486	1.2	11.2	15.2
Massachusetts	11.9	224,389	1,892,114	5,501	0.6	10.9	12.8
Michigan	14.6	420,473	2,886,967	5,916	0.6	13.5	15.6
Minnesota	7.2	99,513	1,391,169	1,544	0.9	5.7	8.6
Montana	12.3	30,145	244,760	1,748	1.1	10.5	14.2
Nebraska	6.8	34,244	501,715	1,861	0.8	5.5	8.2
New Hampshire	9.8	35,726	365,028	1,136	1.1	7.9	11.7
New Jersey	13.9	342,324	2,459,305	6,244	0.6	12.9	14.9
North Dakota	11.7	22,382	190,930	1,810	1.1	10.0	13.5
Ohio	14.3	489,495	3,432,549	6,296	0.6	13.2	15.3
Oregon	13.5	120,979	898,222	1,481	1.3	11.4	15.6
Pennsylvania	13.0	491,049	3,764,963	6,127	0.6	12.1	14.0
South Dakota	11.2	21,915	196,096	1,804	1.0	9.5	12.9
Utah	8.9	42,817	481,195	1,602	1.0	7.2	10.5
Vermont	11.7	21,834	186,154	1,154	1.2	9.7	13.7
Washington	10.8	170,446	1,578,704	1,633	1.1	9.1	12.5
Wisconsin	10.8	156,634	1,456,306	1,927	1.0	9.0	12.5
Wyoming	11.1	15,242	137,690	1,223	1.3	8.9	13.2
States with low female education rates similar to the national rate:							
Arizona	14.9	166,850	1,119,552	1,591	1.3	12.8	17.0
Delaware	14.4	32,442	224,686	1,267	1.3	12.3	16.6
District of Columbia	18.1	33,644	185,622	1,290	1.5	15.6	20.7
Florida	16.3	669,148	4,104,429	6,878	0.6	15.3	17.3
Idaho	15.8	48,432	305,896	1,745	1.2	13.8	17.8
Illinois	15.5	572,774	3,703,537	5,981	0.7	14.4	16.5
Indiana	16.8	303,125	1,807,700	1,617	1.3	14.6	18.9
Missouri	14.6	244,454	1,671,699	1,621	1.2	12.6	16.7
Nevada	15.2	59,476	391,162	1,671	1.3	13.1	17.3
New York	16.8	971,240	5,792,144	11,034	0.5	15.9	17.6
Oklahoma	16.7	164,103	981,214	1,725	1.3	14.6	18.8
Rhode Island	16.7	51,934	310,316	1,204	1.4	14.4	19.1
Virginia	16.4	331,184	2,013,377	2,141	1.1	14.6	18.3
States with low female education rates higher than the national rate:							
Alabama	21.7	282,245	1,300,125	1,818	1.4	19.4	24.0
Arkansas	18.8	134,734	716,342	1,801	1.4	16.6	21.0
California	20.4	1,916,308	9,389,079	13,500	0.5	19.5	21.3
Georgia	20.8	437,844	2,109,244	1,620	1.3	18.5	23.0
Kentucky	20.8	242,275	1,162,648	1,687	1.4	18.5	23.1
Louisiana	20.3	270,961	1,337,288	1,471	1.4	17.9	22.6
Mississippi	21.5	169,895	790,807	1,891	1.4	19.2	23.7
New Mexico	19.0	88,653	467,314	1,989	1.3	16.8	21.2
North Carolina	18.9	403,520	2,131,275	5,798	0.7	17.8	20.1
South Carolina	21.6	242,605	1,124,381	1,922	1.3	19.5	23.7
Tennessee	21.6	345,802	1,603,977	1,835	1.3	19.4	23.7
Texas	20.6	1,099,657	5,342,638	7,861	0.7	19.4	21.8
West Virginia	23.1	126,976	549,665	1,651	1.5	20.7	25.5

Source: National Center for Children in Poverty. Based on data from the March Current Population Surveys, 1991–1993, U.S. Bureau of the Census.

Appendix C

Indicators of Young Child and Family Risk
Map 3: Low Female Education Rates, By State



Low female education level is measured as the percentage of women aged 18–64 in each state with less than a high school education in the years 1991–1993. The national rate was 16.3% in 1991–1993.

- Rates lower than the national rate
- Rates statistically indistinguishable from the national rate
- Rates higher than the national rate

Source: National Center for Children in Poverty. Based on data from the March Current Population Surveys, 1991–1993, U.S. Bureau of the Census.

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APPENDIX C

INDICATORS OF YOUNG CHILD AND FAMILY RISK

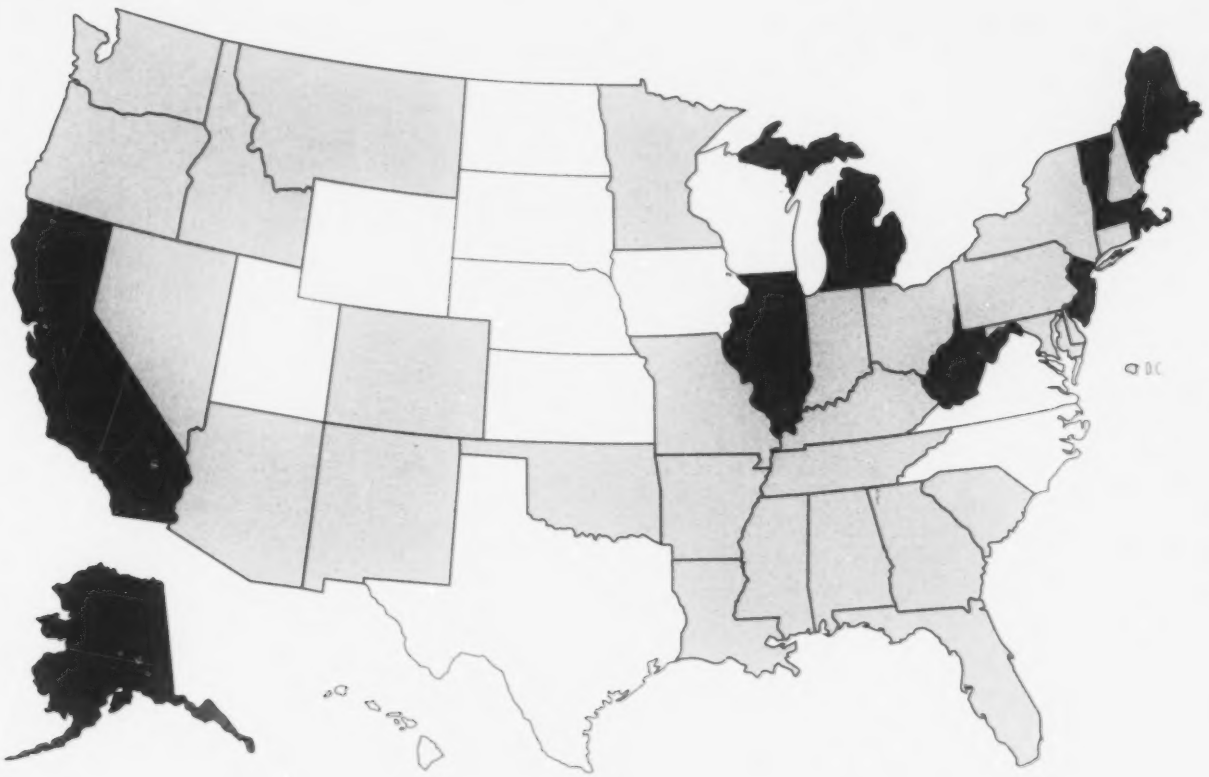
TABLE 7: MALE UNEMPLOYMENT RATES, 1991–1993, BY STATE

State	Unemployment Rate (%) Among Men Aged 18–64	Number of Men Aged 18–64 in Labor Force		Sample Size	Standard Error	Confidence Interval (90%)	
		Unemployed	Total Number			Lower	Upper
National male unemployment rate	**8.3**	5,369,214	64,981,951	117,080	0.1	8.1	8.5
States with male unemployment rates lower than the national rate:							
Hawaii	3.2	9,274	287,831	1,061	0.7	2.1	4.4
Iowa	5.9	44,993	766,084	1,575	0.8	4.5	7.3
Kansas	4.6	30,372	660,423	1,493	0.7	3.4	5.8
Nebraska	2.7	10,775	403,052	1,478	0.6	1.7	3.6
North Carolina	6.2	105,918	1,697,579	4,490	0.5	5.5	7.0
North Dakota	6.3	9,783	155,230	1,432	0.9	4.9	7.7
South Dakota	4.3	7,480	175,198	1,573	0.7	3.2	5.4
Texas	7.2	322,955	4,504,458	6,331	0.5	6.4	8.0
Utah	4.9	20,204	414,141	1,341	0.8	3.5	6.2
Virginia	6.9	119,384	1,726,538	1,754	0.8	5.6	8.2
Wisconsin	6.8	89,286	1,309,660	1,680	0.9	5.4	8.2
Wyoming	6.5	8,018	122,581	1,058	1.1	4.8	8.3
States with male unemployment rates similar to the national rate:							
Alabama	8.7	87,921	1,007,197	1,350	1.1	7.0	10.5
Arizona	7.0	62,026	881,806	1,214	1.0	5.4	8.7
Arkansas	7.3	43,537	593,605	1,456	1.0	5.7	8.9
Colorado	6.9	62,984	913,323	1,437	1.0	5.3	8.5
Connecticut	8.4	75,307	896,463	1,103	1.1	6.5	10.3
District of Columbia	10.5	14,115	134,845	878	1.4	8.1	12.8
Delaware	7.9	15,197	191,493	1,024	1.1	6.2	9.7
Florida	7.6	249,540	3,285,357	5,336	0.5	6.8	8.4
Georgia	8.4	135,508	1,609,447	1,182	1.0	6.7	10.1
Idaho	7.8	20,195	260,545	1,483	1.0	6.2	9.3
Indiana	6.9	98,754	1,429,965	1,289	1.0	5.3	8.5
Kentucky	7.2	63,727	890,671	1,245	1.0	5.5	8.8
Louisiana	6.9	68,209	985,260	1,052	1.0	5.2	8.6
Maryland	7.5	100,203	1,333,675	1,188	1.0	5.9	9.2
Minnesota	7.3	88,495	1,210,292	1,310	1.0	5.7	8.9
Mississippi	6.9	42,161	607,148	1,382	0.9	5.4	8.5
Missouri	7.5	99,653	1,337,555	1,263	1.0	5.8	9.1
Montana	9.2	18,780	203,415	1,428	1.1	7.5	11.0
Nevada	7.1	24,552	347,035	1,445	0.9	5.6	8.6
New Hampshire	10.0	33,331	333,100	1,009	1.2	8.1	12.0
New Mexico	8.5	31,708	372,171	1,551	1.0	6.8	10.2
New York	8.5	370,594	4,341,667	7,859	0.4	7.8	9.2
Ohio	8.3	234,539	2,815,636	5,007	0.5	7.5	9.2
Oklahoma	7.0	54,980	788,418	1,372	1.0	5.4	8.5
Oregon	8.1	63,457	785,184	1,263	1.1	6.3	9.8
Pennsylvania	8.9	269,856	3,027,382	4,777	0.6	8.0	9.8
South Carolina	8.7	79,834	916,999	1,495	0.9	7.2	10.2
Tennessee	8.0	96,867	1,204,521	1,353	1.0	6.4	9.7
Washington	9.7	127,159	1,313,864	1,318	1.1	7.9	11.4
States with male unemployment rates higher than the national rate:							
Alaska	10.1	13,643	134,828	1,640	1.1	8.4	11.8
California	9.5	773,441	8,154,751	11,415	0.4	8.8	10.2
Illinois	9.3	288,557	3,118,054	4,913	0.6	8.3	10.2
Maine	11.3	37,185	328,189	1,157	1.2	9.4	13.3
Massachusetts	11.4	182,290	1,605,550	4,464	0.6	10.3	12.4
Michigan	10.7	259,072	2,419,917	4,793	0.6	9.7	11.7
New Jersey	9.3	198,762	2,132,373	5,204	0.5	8.4	10.2
Rhode Island	10.9	28,710	264,381	993	1.3	8.8	13.0
Vermont	10.4	16,137	155,120	921	1.2	8.4	12.4
West Virginia	14.0	59,786	427,977	1,245	1.4	11.7	16.2

Source: National Center for Children in Poverty. Based on data from the March Current Population Surveys, 1991–1993, U.S. Bureau of the Census.

APPENDIX C

INDICATORS OF YOUNG CHILD AND FAMILY RISK
MAP 4: MALE UNEMPLOYMENT RATES, BY STATE



Male unemployment is measured as the percentage of men aged 18–64 in the labor force in each state who were not employed in the years 1991–1993. The national rate was 8.3% in 1991–1993.

- Rates lower than the national rate
- Rates statistically indistinguishable from the national rate
- Rates higher than the national rate

Source: National Center for Children in Poverty. Based on data from the March Current Population Surveys, 1991–1993, U.S. Bureau of the Census.

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APPENDIX C

INDICATORS OF YOUNG CHILD AND FAMILY RISK

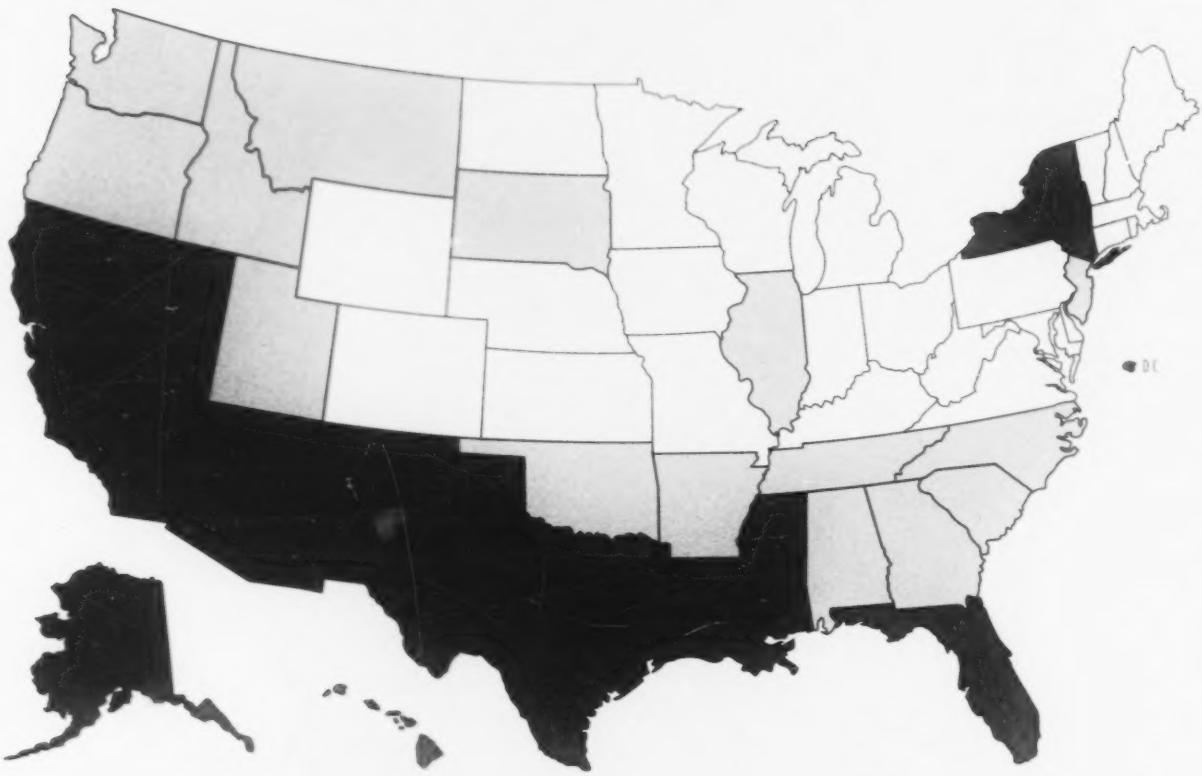
TABLE 8: OVERCROWDED HOUSING RATES, 1990, BY STATE

State	Percent of Children Living in Households With More Than One Person Per Room
State overcrowded housing average	13.4
States with rates of overcrowded housing lower than the state average:	
Colorado	9.1
Connecticut	9.1
Delaware	8.1
Indiana	8.8
Iowa	5.8
Kansas	9.0
Kentucky	9.5
Maine	5.9
Maryland	9.1
Massachusetts	8.3
Michigan	9.3
Minnesota	7.1
Missouri	9.2
Nebraska	6.0
New Hampshire	6.2
North Dakota	7.4
Ohio	6.8
Pennsylvania	7.2
Rhode Island	9.4
Vermont	5.5
Virginia	9.0
West Virginia	7.6
Wisconsin	8.2
Wyoming	8.4
States with rates of overcrowded housing similar to the state average:	
Alabama	13.4
Arkansas	16.1
Georgia	13.7
Idaho	12.7
Illinois	13.8
Montana	10.2
New Jersey	12.2
North Carolina	11.1
Oklahoma	15.6
Oregon	11.9
South Carolina	14.9
South Dakota	11.6
Tennessee	10.8
Utah	13.8
Washington	12.4
States with rates of overcrowded housing higher than the state average:	
Alaska	19.9
Arizona	25.3
California	34.5
District of Columbia	31.1
Florida	19.8
Hawaii	37.2
Louisiana	19.6
Mississippi	20.9
Nevada	20.3
New Mexico	24.0
New York	19.4
Texas	24.8

Source: National Center for Children in Poverty. Based on data in Annie E. Casey Foundation. (1994). *Kids Count Databook, 1994*. Baltimore, MD: Annie E. Casey Foundation. (*Kids Count* source of data: Center for Urban and Economic Research, University of Louisville, analysis of U.S. Bureau of the Census, Census of Population and Housing 1990, Five Percent Public Use Microdata Sample)

APPENDIX C

INDICATORS OF YOUNG CHILD AND FAMILY RISK
MAP 5: OVERCROWDED HOUSING RATES, BY STATE



Overcrowded housing is measured in each state as the percentage of children living in households where there was more than one person per room in 1990. The average state percentage was 13.4 in 1990.

- Rates lower than the average state percentage
- Rates similar to the average state percentage
- Rates higher than the average state percentage

Source: National Center for Children in Poverty. Based on data in Annie E. Casey Foundation. (1994). *Kids Count Databook, 1994*. Baltimore, MD: Annie E. Casey Foundation. (*Kids Count* source of data: Center for Urban and Economic Research, University of Louisville, analysis of U.S. Bureau of the Census, Census of Population and Housing 1990, Five Percent Public Use Microdata Sample)

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APPENDIX D

INDICATORS OF STATE INVESTMENT IN YOUNG CHILDREN
TABLE 9: CHILD HEALTH, 1995, BY STATE

State	Medicaid Eligibility Levels for Children Under Six as % of Federal Poverty Level
Alabama	133
Alaska	133
Arizona	140
Arkansas	133
California	250 *
Colorado	133 *
Connecticut	185 *
Delaware	185
District of Columbia	185
Florida	185 *
Georgia	185
Hawaii	185 *
Idaho	133
Illinois	133
Indiana	150
Iowa	185
Kansas	150
Kentucky	185
Louisiana	133
Maine	185
Maryland	185 *
Massachusetts	185 *
Michigan	185 *
Minnesota	275 *
Mississippi	185
Missouri	185
Montana	133
Nebraska	133
Nevada	133
New Hampshire	185 *
New Jersey	185 *
New Mexico	185 *
New York	185 *
North Carolina	185
North Dakota	133
Ohio	133
Oklahoma	150
Oregon	133
Pennsylvania	185 *
Rhode Island	250
South Carolina	185
South Dakota	133
Tennessee	185 *
Texas	185
Utah	133
Vermont	200/225 *
Virginia	133
Washington	185 *
West Virginia	150 *
Wisconsin	155 *
Wyoming	133

* States that offer supplemental health insurance for young children

Source: National Center for Children in Poverty. Based on data in National Governors' Association *Maternal and Child Health Updates* and a March 1995 telephone survey conducted by the Center on Budget and Policy Priorities.

162

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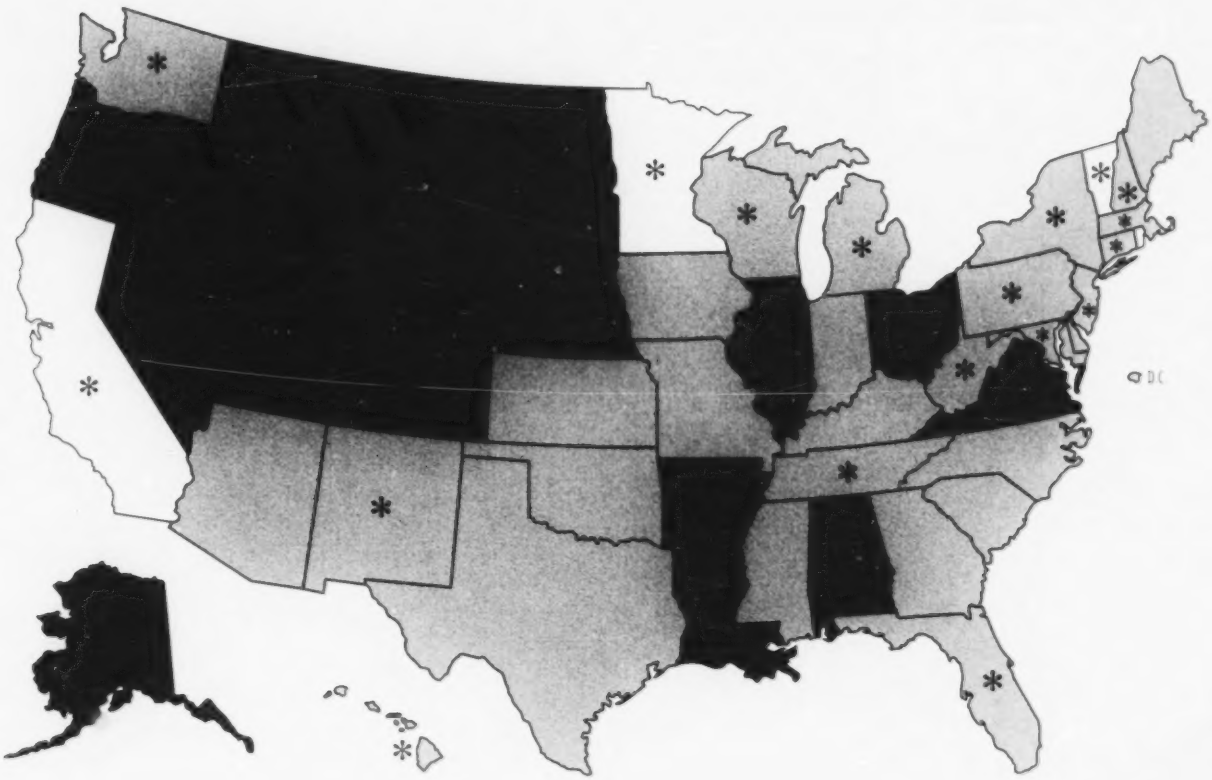
APPENDIX D

INDICATORS OF STATE INVESTMENT IN YOUNG CHILDREN
MAP 6: CHILD HEALTH



Child health investments are measured in each state by the Medicaid eligibility level and the presence of a supplemental health insurance initiative for young children (indicated by *).

- States that provide Medicaid to children living in families earning more than 185% of the federal poverty level
- States that provide Medicaid to families earning more than 133% of and less than or equal to 185% of the federal poverty level
- States that provide Medicaid to families earning less than or equal to 133% of the federal poverty level

Source: National Center for Children in Poverty. Based on data in National Governors' Association *Maternal and Child Health Updates* and a March 1995 telephone survey conducted by the Center on Budget and Policy Priorities.

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APPENDIX D

INDICATORS OF STATE INVESTMENT IN YOUNG CHILDREN

TABLE 10: CHILD CARE QUALITY, 1994, BY STATE

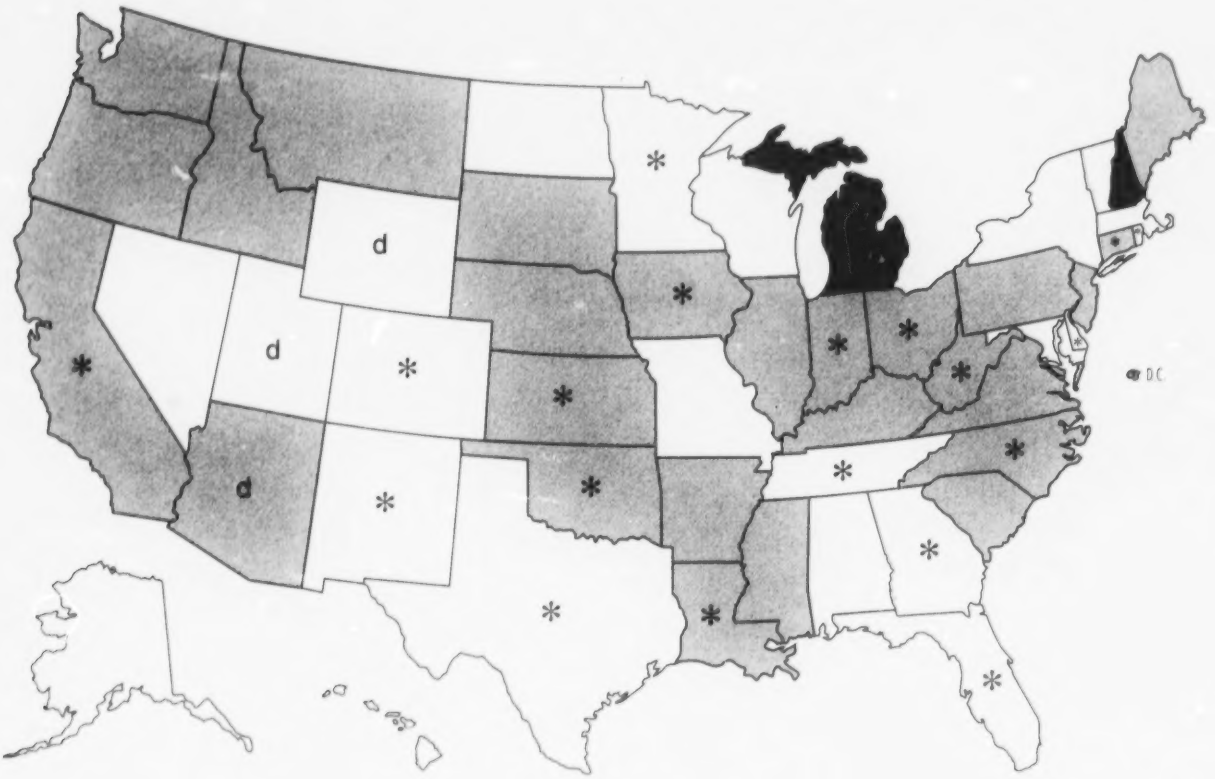
State	State Child Care Training Requirements	
	Child Care Center Staff	Family Providers
Alabama	no pre-service, 4 hrs. annual	no pre-service, 2 hrs. annual
Alaska	no pre-service, 12 hrs. annual	5 hrs. training + F pre-service, 5 hrs. annual
Arizona	no pre-service, 12 hrs. annual	not regulated by state
Arkansas	no pre-service, 10 hrs. annual	not regulated by state
California	12 ECE hrs. + 6 mo. exper. pre-service, no annual	no pre-service, no annual
Colorado	both educ. + exper. pre-service, U annual	6 hrs. training pre-service, no annual
Connecticut	no pre-service, 18.2 hrs. annual	no pre-service, no annual
Delaware	H.S. voc. diploma + 6 mo. exper. pre-service, 15 hrs. annual	6 hrs. training pre-service, no annual
District of Columbia	9 ECE credits + 3 yrs. exper. pre-service, no annual	no pre-service, no annual
Florida	30 hrs. training pre-service, 8 hrs. annual	3 hrs. training pre-service, no annual
Georgia	no pre-service, 10 hours annual	no pre-service, 10 hrs. annual
Hawaii	BA + 12 ECE cred. + 6 mo. exper. pre-service, no annual	no pre-service, G
Idaho	no pre-service, 4 hrs. annual	not regulated by state
Illinois	1 yr. college with 6 ECE hrs. + 1 yr. exper. pre-service, 15 hrs. annual	no pre-service, no annual
Indiana	no pre-service, 12 hrs. annual	not regulated by state
Iowa	no pre-service, 6 hrs. annual	not regulated by state
Kansas	12 hrs. ch. dev./related + 6 mo. exper. pre-service, 10 hrs. annual	no pre-service, no annual
Kentucky	no pre-service, 12 hrs. annual	not regulated by state
Louisiana	no pre-service, 12 hrs. annual	not regulated by state
Maine	no pre-service, 24 hrs. annual	not regulated by state
Maryland	90 classroom hrs. + 1 yr. exper. pre-service, 3 hrs. annual	no pre-service, 3 hrs. annual
Massachusetts	2-yr. H.S. ECE voc. program pre-service. 20 hrs. annual	no pre-service, 5 hrs. annual
Michigan	no pre-service, no annual	no pre-service, no annual except F
Minnesota	18 ECE credits + 4160 hrs. exper. pre-service, 36.4 hrs. annual	no pre-service, 6 hrs. annual
Mississippi	no pre-service, 15 hrs. annual	not regulated by state
Missouri	no pre-service, 12 hrs. annual	no pre-service, 12 hrs. annual
Montana	no pre-service, 8 hrs. annual	no pre-service, no annual
Nebraska	no pre-service, 12 hrs. annual	no pre-service, no annual
Nevada	no pre-service, 3 hrs. annual	no pre-service, 3 hrs. annual
New Hampshire	no pre-service, no annual	no pre-service, no annual
New Jersey	15 college credits, 6 in ECE + 1 yr. exper. pre-service, U annual	not regulated by state
New Mexico	no pre-service, 24 hrs. annual	no pre-service, 6 hrs. annual
New York	no pre-service, U annual	no pre-service, 15 hrs. annual
North Carolina	no pre-service, 20 hrs. annual	no pre-service, no annual
North Dakota	no pre-service, 10 hrs. annual	no pre-service, 5 hrs. annual
Ohio	no pre-service, 15 hrs. annual	not regulated by state
Oklahoma	no pre-service, 6 hrs. annual	no pre-service, no annual
Oregon	no pre-service, 15 hrs. annual	not regulated by state
Pennsylvania	no pre-service, 6 hrs. annual	no pre-service, no annual
Rhode Island	CDA + 15 ECE credits + 3 mo. exper. pre-service, 20 hrs. annual	no pre-service, 5 hrs. annual
South Carolina	no pre-service, 10 hrs. annual	no pre-service, no annual
South Dakota	no pre-service, 20 hrs. annual	not regulated by state
Tennessee	no pre-service, 6 hrs. annual	no pre-service, 2 hrs. annual
Texas	no pre-service, 15 hrs. annual	no pre-service, 20 hrs. annual
Utah	no pre-service, 20 hrs. annual	no pre-service, 12 hrs. annual
Vermont	1 ECE course + 1 yr. exper. pre-service, 6 hrs. annual	no pre-service, 6 hrs. annual
Virginia	no pre-service, 8 hrs. annual	not regulated by state
Washington	no pre-service, U annual	no pre-service, no annual except F
West Virginia	no pre-service, U annual	no pre-service, no annual
Wisconsin	80 hrs. training + 80 days exper. pre-service, 39 hrs. annual	40 hrs. training pre-service, 15 hrs. annual
Wyoming	no pre-service, 8 hrs. annual	no pre-service, 8 hrs. annual

Notes: U = Unspecified number of hours; F = First Aid and CPR; G = Growth in 12 topic areas.

Source: Adapted by National Center for Children in Poverty. Based on data in *Qualifications in licensing: A comparison of 1991 and 1994 data. (1994).* Boston, MA: The Center for Career Development in Early Care and Education, Wheelock College.

APPENDIX D

INDICATORS OF STATE INVESTMENT IN YOUNG CHILDREN
MAP 7: CHILD CARE QUALITY



Child care quality investments are measured by each state's education requirements for child care center staff and family child care providers.

- States that require both child care center staff *and* family child care providers to attend training
- States that require child care center staff *or* family child care providers to attend training
- States that do not require both child care center staff or family child care providers to attend training
- * Indicates states that have preschool teaching certification for early childhood teachers in the public schools
- d Indicates states that only certify teachers of young children with disabilities

Note: The amount of training that states require of child care center staff and family child care providers varies widely, and these variations are not reflected here.

Source: Adapted by National Center for Children in Poverty. Based on training requirement data in *Qualifications in licensing: A comparison of 1991 and 1994 data. (1994).* Boston, MA: The Center for Career Development in Early Care and Education, Wheelock College. Preschool Teaching Certificate data are from a telephone survey by NCCP staff and state education officials.

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APPENDIX D

INDICATORS OF STATE INVESTMENT IN YOUNG CHILDREN

TABLE 11: STATE PREKINDERGARTEN AND HEAD START SPENDING, 1991–1992, BY STATE

Spending State	State Prekindergarten Spending, 1991–1992	Head Start Spending, 1991–1992
Alabama	—	—
Alaska	—	$5,592,200
Arizona	$2,000,000[e]	—
Arkansas	$5,000,000[e]	—
California	$83,335,000[e]	—
Colorado	$8,900,000[e]	—
Connecticut	—	$400,000
Delaware	—	DE
District of Columbia	$11,483,850	$1,556,241
Florida	$92,064,540[e]	$6,000,000
Georgia	GA	—
Hawaii	—	$529,700
Idaho	—	—
Illinois	$71,500,000	$500,000
Indiana	—	—
Iowa	$4,958,315[e]	—
Kansas	—	—
Kentucky	$30,595,270[e]	—
Louisiana	$3,501,500	—
Maine	$150,000[d]	2,407,393
Maryland	$8,948,914[e]	—
Massachusetts	$7,500,000[e]	$6,000,000
Michigan	$32,917,700[e]	—
Minnesota	—	$6,500,000
Mississippi	—	—
Missouri	—	—
Montana	—	—
Nebraska	—	—
Nevada	—	—
New Hampshire	—	$201,000
New Jersey	$13,300,000[e]	—
New Mexico	$145,106[e]	—
New York	$52,170,000[e]	—
North Carolina	—	—
North Dakota	—	—
Ohio	$13,386,236[e]	$19,878,559
Oklahoma	$2,132,120	—
Oregon	$8,200,000[e]	—
Pennsylvania	—	—
Rhode Island	$200,000[d]	$1,958,558
South Carolina	$15,163,447	—
South Dakota	—	—
Tennessee	—	—
Texas	$144,000,000	—
Utah	—	—
Vermont	$1,414,000[e]	—
Virginia	VA	—
Washington	$18,900,001[e]	$530,763
West Virginia	$1,035,006	—
Wisconsin	—	$2,250,000
Wyoming	—	—

Notes: DE In 1994, Delaware began supplementing Head Start. It currently spends $1.8 million on the program annually.

GA In 1993, Georgia initiated its first statewide prekindergarten program. It spent $80 million on the program in FY1995, and expects to spend $157 million in FY1996 to make it universally available to four-year-olds.

VA In 1994, Virginia initiated its first state prekindergarten program. It spent $10.3 million on the program in FY1994.

[d] Indicates small demonstration project.

[e] Indicates "enhanced" programs featuring comprehensive services or local advisory boards that include all members of the early care and education community.

Source: National Center for Children in Poverty. Based on data on prekindergarten spending from Adams, G. & Sandfort, J. (1994). *First steps, promising futures: State prekindergarten initiatives in the early 1990s.* Washington, DC: Children's Defense Fund.

APPENDIX D

INDICATORS OF STATE INVESTMENT IN YOUNG CHILDREN:
TABLE 12: SPENDING ON TITLE IV-A AT-RISK CHILD CARE, 1993, BY STATE

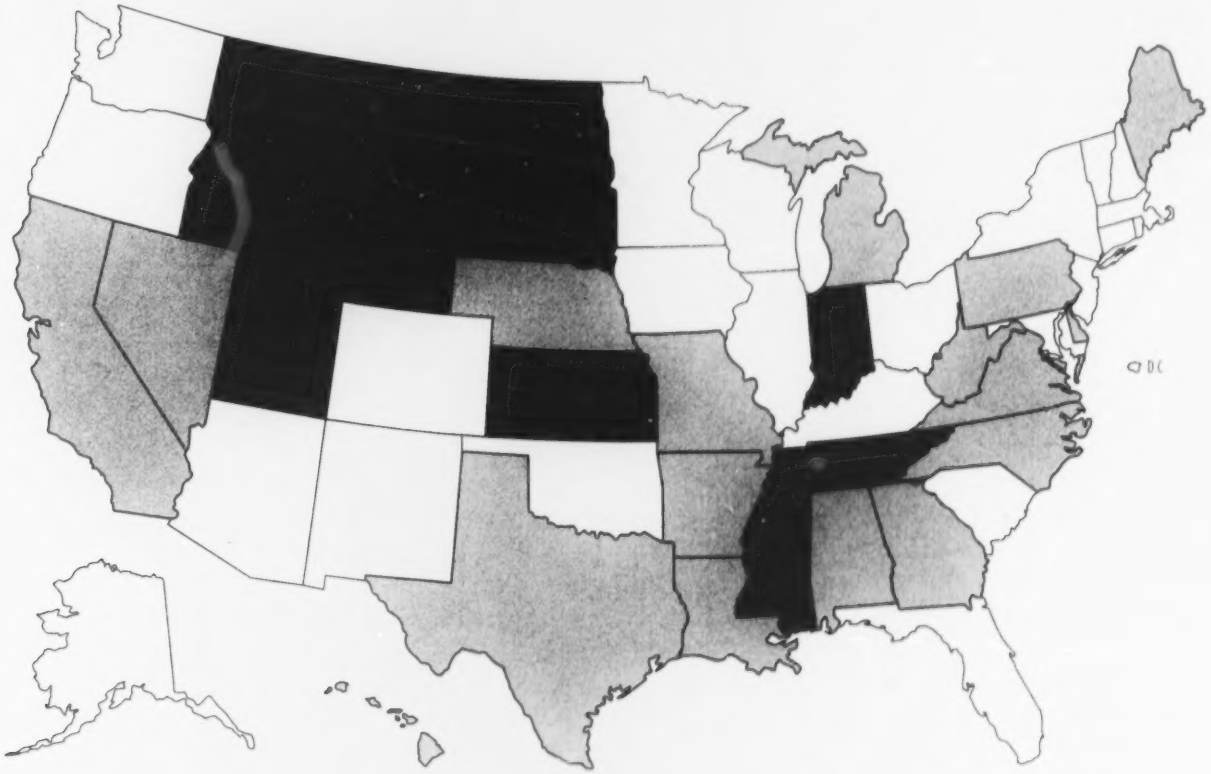
State	State Expenditures	Total Federal Allocation	Expenditure as Percent of Allocations
Alabama	$4,691,783	$4,691,783	100
Alaska	$798,432	$847,233	94
Arizona	$4,623,799	$4,623,799	100
Arkansas	$1,820,416	$5,157,938	35
California	$21,177,448	$37,895,518	56
Colorado	$4,279,147	$4,320,051	99
Connecticut	$3,485,244	$3,485,244	100
Delaware	$770,001	$770,155	100
District of Columbia	$666,192	$647,894	103
Florida	$13,632,228	$13,632,228	100
Georgia	$4,954,659	$7,985,700	62
Hawaii	$1,085,665	$1,786,635	61
Idaho	$1,347,574	$2,524,452	53
Illinois	$16,573,505	$16,006,882	104
Indiana	$3,015,853	$12,690,447	24
Iowa	$3,226,248	$3,225,815	100
Kansas	$888,148	$3,051,511	29
Kentucky	$4,551,002	$4,551,079	100
Louisiana	$0	$11,423,408	0
Maine	$1,791,291	$2,516,715	71
Maryland	$5,539,284	$5,539,284	100
Massachusetts	$6,287,443	$6,287,443	100
Michigan	$7,449,338	$22,139,520	34
Minnesota	$5,426,536	$5,426,536	100
Mississippi	$0	$6,750,042	0
Missouri	$6,021,795	$6,021,795	100
Montana	$202,295	$1,993,872	10
Nebraska	$1,957,640	$1,957,640	100
Nevada	$1,871,183	$1,898,492	99
New Hampshire	$1,290,445	$1,290,444	100
New Jersey	$13,956,552	$8,299,429	168
New Mexico	$2,634,645	$2,580,343	102
New York	$19,699,196	$19,699,196	100
North Carolina	$9,681,297	$9,681,297	100
North Dakota	$956,387	$1,615,894	59
Ohio	$16,901,185	$12,598,496	134
Oklahoma	$3,762,289	$3,762,289	100
Oregon	$3,353,505	$3,353,505	100
Pennsylvania	$12,681,287	$12,681,287	100
Rhode Island	$1,046,000	$1,046,000	100
South Carolina	$4,174,411	$4,174,411	100
South Dakota	$368,824	$1,642,086	22
Tennessee	$44,269	$11,022,204	2.5
Texas	$25,256,656	$30,058,603	84
Utah	$3,450,656	$5,209,242	66
Vermont	$877,419	$658,187	133
Virginia	$6,785,125	$6,963,039	97
Washington	$6,003,552	$5,997,425	100
West Virginia	$2,038,313	$3,839,123	53
Wisconsin	$5,891,993	$5,891,993	100
Wyoming	$475,627	$798,280	60

Notes:
- Total allocations are all federal monies available to a state to spend, including any funds carried over from the previous year.
- Total allocations may differ from state expenditures if states did not spend all monies allocated to them.

Source: National Center for Children in Poverty. Based on data on Title IV-A At-Risk Child Care from the Administration for Children and Families, U.S. Department of Health and Human Services, 1993.

APPENDIX D

INDICATORS OF STATE INVESTMENT IN YOUNG CHILDREN: MAP 8: EARLY CARE AND EDUCATION SPENDING



Early childhood care and education spending levels measure whether states spent their entire allocation of federal funds for the Title IV-A At-Risk subsidized child care for low-income families in 1993, and whether they have state-funded prekindergarten programs.*

- States that spent all Title IV-A At-Risk matching funds and have state-funded prekindergarten programs (or Head Start supplements)
- States that either spent all Title IV-A At-Risk matching funds or have state-funded prekindergarten programs (or Head Start supplements)
- States that did not spend all Title IV-A At-Risk matching funds and also have no state-funded prekindergarten programs (or Head Start supplements)

* The amounts states spend on prekindergarten programs vary widely, even when differences in population and poverty rates are considered. These variations are not reflected in this map.

Source: Administration for Children and Families, U.S. Department of Health and Human Services, 1993 and Adams, G. & Sandforth, J. (1994). *First steps, promising futures: State prekindergarten initiatives in the early 1990s.* Washington, DC: Children's Defense Fund.

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APPENDIX E

BACKGROUND DATA ON STATE-BY-STATE SPENDING ON POOR CHILDREN

State	State-by-State Maximum Monthly AFDC and Food Stamp Benefits for a One-Parent, Two-Child Family, 1994*	Non-Education Spending per Poor Child**	Education Spending per Child**
Alabama	459	436	3,616
Alaska	1,208	3,670	8,450
Arizona	639	646	4,381
Arkansas	499	526	4,031
California	821	2,354	4,746
Colorado	645	1,288	5,172
Connecticut	872	3,539	8,017
Delaware	633	2,526	6,093
District of Columbia	690	NA	NA
Florida	598	1,141	5,243
Georgia	575	930	4,375
Hawaii	1,134	2,045	5,420
Idaho	612	538	3,556
Illinois	658	1,483	5,670
Indiana	583	971	5,074
Iowa	694	1,611	5,076
Kansas	713	1,274	5,007
Kentucky	523	867	4,719
Louisiana	485	491	4,354
Maine	689	1,500	5,652
Maryland	661	2,510	6,679
Massachusetts	801	3,142	6,408
Michigan	717	1,825	6,268
Minnesota	768	1,657	5,409
Mississippi	415	322	3,245
Missouri	587	1,047	4,830
Montana	677	803	5,423
Nebraska	651	1,333	5,263
Nevada	640	1,259	4,926
New Hampshire	781	2,568	5,790
New Jersey	700	2,162	9,317
New Mexico	646	591	3,765
New York	816	3,279	8,527
North Carolina	567	1,070	4,555
North Dakota	682	931	4,441
Ohio	636	1,811	5,694
Oklahoma	619	933	4,078
Oregon	753	1,446	5,913
Pennsylvania	691	2,068	6,613
Rhode Island	822	3,076	6,546
South Carolina	495	549	4,436
South Dakota	688	730	4,173
Tennessee	480	806	3,692
Texas	479	605	4,632
Utah	686	801	3,040
Vermont	843	2,528	6,944
Virginia	644	1,401	4,880
Washington	804	2,743	5,271
West Virginia	544	649	5,109
Wisconsin	758	1,920	6,139
Wyoming	648	1,263	5,812

Sources: * Congressional Research Service

** Gold, S. D.; Ellwood, D. A.; Davis, E. I.; Liebschultz, D.; Ritchie, S.; Cohen, C. E.; & Orland, M. E. (1995). *State investments in education and other children's services: Fiscal profile of the 50 states.* Washington, DC: The Finance Project.

APPENDIX F

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APPENDIX G

STATE-BY-STATE CONTACTS FOR PROGRAMS AND POLICIES FOR YOUNG CHILDREN AND FAMILIES

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